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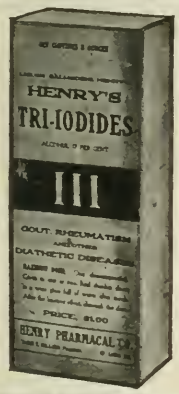

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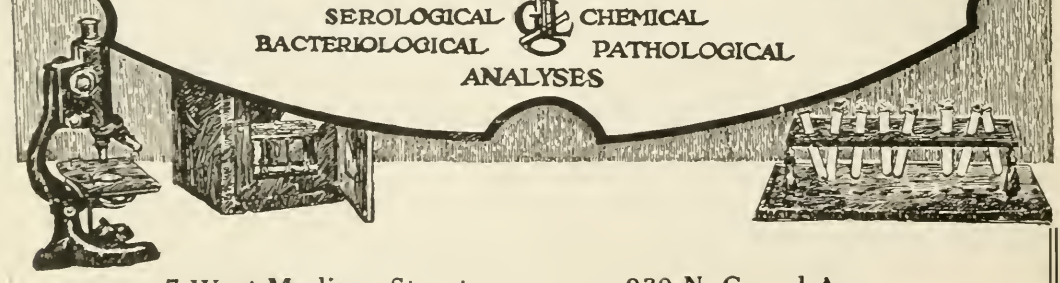

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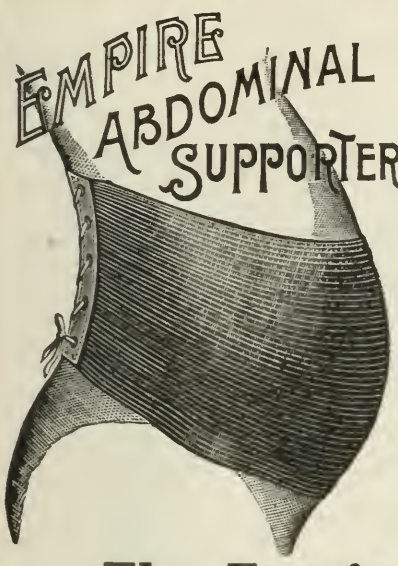

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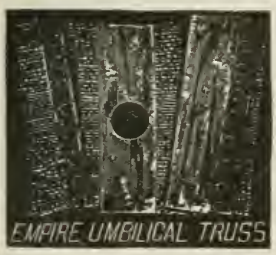

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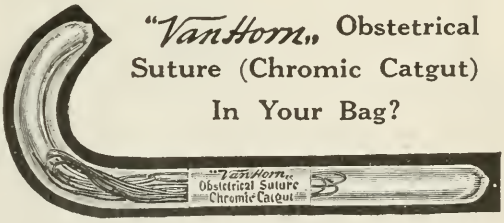

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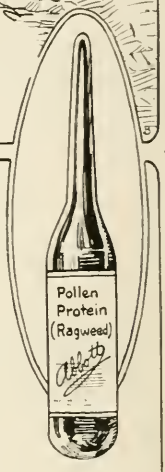

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a great many physicians have found so efficient and dependable a means of insuring complete and satisfactory recovery in the majority of cases of influenza, that they have come to employ it as a matter of routine.

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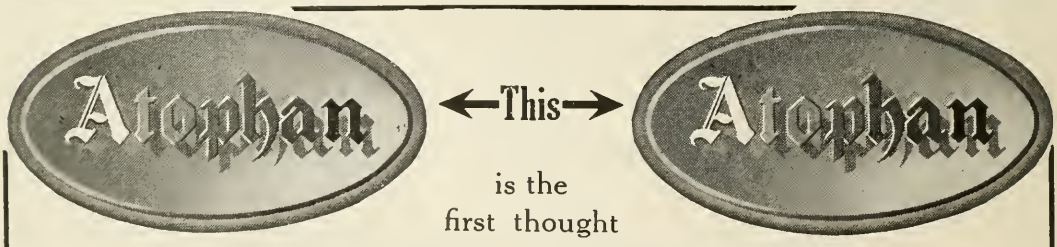

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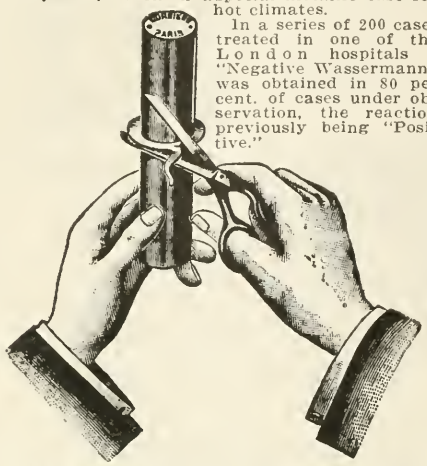

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—Dr. Sabouraud, La Clinique (13-4-1913.)

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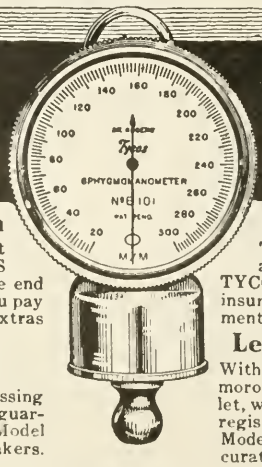

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The American Journal of
CLINICAL MEDICINE
Dependable Therapeutic Fact for Daily Use

Vol. 27, No. 6 June, 1920

How and What to Write for Publication

WITH reference to the editorial article entitled "Writing for Publication," in CLINICAL MEDICINE for April (p. 223), a correspondent submitted the question that is made the title of this present article. This correspondent, who has repeatedly been a contributor to CLINICAL MEDICINE, declares that it always has been a conundrum with him to settle in his own mind what, when and how to write for publication. While he has written numerous manuscripts and submitted them to various editors, they were frequently rejected by some editor who reserves the right to judge. Hence, the question, what do editors want or think they want?

Our correspondent continues: "There is undoubtedly a psychological factor existent in a prospective writer's mind regarding his attitude, both, toward what he wants to say and toward the reader whom he expects to reach. Here is where at least some of this psychology comes in: Should one write what he himself likes to think about or would like to read himself if some one else wrote it? Or should one write what he thinks the other fellow ought to read whether he likes it or not? Or should one write for the purpose of, and that which, he thinks will 'get by' with some editor?"

Here are several questions which the editor frequently asks himself in a modified form, namely, what should he publish; what do the readers of CLINICAL MEDICINE want? What do they need?

In regard to this, a good many letters reach us from physicians all over the country, some assuring us that CLINICAL MEDICINE is one of the best journals ever

published; that the successive issues are full of practical and interesting communications, and particularly that the "human touch," which we always try to retain, appeals to the writers of these letters.

Other correspondents inform us that the articles published in CLINICAL MEDICINE are not "practical" enough; that we publish too much highbrow stuff, and that it would be better for us to give concrete cases, with definite cut-and-dried therapeutic directions, rather than, suggestions.

Opposed to these critics there are still others who tell us that we publish too much kindergarten stuff; that some of the leading articles that we print are actually puerile in their simplicity, and that we should give a little more serious discussions and not so many direct references to, and directions for, the use of drugs that make CLINICAL MEDICINE (it is alleged) read like a drug almanac.

Now, here's a pretty kettle of fish. How on earth is a poor editor to satisfy all his various critics so that they all be pleased, while, at the same time, he lives up to his ideals and approaches CLINICAL MEDICINE more and more to what he conceives it should be! The result will have to be as it has been in the past years. The editor, or editors, while no longer in active practice, have spent long terms in service to the sick, they have lived the life of general practitioners, and know from experience the needs of the physician in general practice. We just have to do the best we can and we realize, as we have pointed out in that editorial in the April issue, that short, concise, snappy articles giving direct information are most acceptable.

However, we should fail in what we conceive to be our clear duty if we were neglectful in informing the readers of CLINICAL MEDICINE of new discoveries, new methods, new technics, new remedies that may have been introduced in the recent past; especially if they have been approved through critical and competent tests. Again, there are many, a great many men reading CLINICAL MEDICINE who want a little stronger mental and intellectual pabulum than is presented by the socalled "practical" articles. They want stimulation for their thoughts and speculations, and they enjoy those articles that others decry as "highbrow."

In order to be fair to the greatest number, we shall have to continue to publish both kinds of articles and, even, to add still others that have not been included in the criticisms that were mentioned. However, our readers may be quite sure that, whatever we print, how ever we conduct the Journal, we are giving and doing the best we have.

It is not enough that, once we have swallowed great truths, we must feed on them, as insects on a leaf, till the whole life be colored by their qualities.—Coleridge.

TOBACCO POISONING IN NONSMOKERS

Thirty years ago, the present writer returned from a visit to England on one of the smaller Cunard boats sailing between Liverpool and Boston. There was on board a passenger who, although a nonsmoker, spent most of his time in the smoking room, probably in order to indulge his fondness for talking. The journey being rather rough, the portholes were kept closed most of the time, and the condition of the air in the smoking room can readily be imagined, especially by those who have experienced that sort of thing.

About half way across, the man in question became ill and spent one day in his cabin which was in rather bad sanitary condition. The remainder of the trip he passed in the smoking room, lying on one of the couches, even during the nights.

Some time during the following winter, this passenger sued the Cunard Company for damages alleging that he had been made ill by the insanitary condition of his cabin. The present writer was asked to testify in court, and gave it as his opinion that the claimant became ill from tobacco poisoning which he, though a nonsmoker, had acquired through his constant and persistent sojourn in the smoking room.

The idea that a nonsmoker could acquire tobacco poisoning, passively as it were, by remaining in an atmosphere charged with tobacco smoke, was original with this writer since he had never seen any reference to it in literature. Nor does he remember having seen any since then, for the simple fact that he never consulted the literature regarding this point. It was of great interest, therefore, to find a com-

munication on this subject by Dr. Richard Hogner, in *American Medicine,* for last February.

Doctor Hogner reports on several cases in which persons who frequently were "exposed" to tobacco, cigar or cigarette smoke became ill and improved on being removed from this unfavorable exposure.

We mention this fact because it seems that the condition produced by such poisoning may be very obscure. In one instance, different diagnoses had been made in different hospitals, such as neurasthenia, hysteria, anemia, organic heart failure, neuritis, severe chlorosis, and so forth. Doctor Hogner points out that exposure to tobacco smoke naturally is peculiarly injurious to women and children, suggesting that many an irritable heart or early hardening of the arteries, many a "pale face," or setback of children, many a case of laziness or "always being tired" may, in all truth, be laid to tobacco-smoke poisoning.

Here is a possible explanation of some clinical conditions that may have puzzled some of our readers in their patients. The point has interested us greatly, and we should like to know whether other physicians have had experience in this matter.

Seldom ever was any knowledge given to keep, but to impart; the grace of this rich jewel is lost in concealment.—Bishop Hall.

H. C. L. AND REPRINTS

It has been our custom, and one that always afforded us very much pleasure, to give to our contributors, whose communications we published among the leading articles in CLINICAL MEDICINE, a number of reprints for distribution to their friends. Some time ago, wartime regulations, curtailing the utilization of printing paper, forced us to abandon that custom; and, in more recent times, contrary to expectation, printing paper has become so scarce, or at least so difficult to procure and so excessively expensive, that we find it impossible to resume the former habit. Indeed, to get up reprints of any article has become so tremendously expensive that it simply "can not be done"; especially in view of the fact that the printing of CLINICAL MEDICINE entails a much greater outlay than ever before.

However, in order to beat the rising cost of reprints, we propose to supply to those of our contributors who desire it, one hundred copies of the issues of CLINICAL MEDICINE in which their contributions appeared, at their own expense, at a flat rate of $20.00.

This price includes, in addition to the copies themselves, their mailing; and, before mailing, they will be marked so as to attract attention to the particular article for the sake of which the copies are sent out.

Any contributor to CLINICAE MEDICINE desiring to avail himself of this offer will, of course, inform us of his wishes either at the time the manuscript is submitted for publication or when the galley proof is returned. Also, he will supply us with a list of addresses to which these extra copies of CLINICAL MEDICINE are to be mailed.

THE TIMOROUS PRESCRIBER

We are reminded time and time again that fortitude is a very necessary qualification for success in surgery. To be successful, the operator must be more or less daring, unafraid, strong of nerve. And, negatively, that operator assuredly is handicapped who wavers at the prospect of a laparotomy or sickens at the sight of blood or uses the scalpel with fear and trembling. Our habit of thinking in this matter allows of nothing else. It must be so. Timorousness in the operator is indeed unfortunate.

But, seldom do we find timorousness in the prescriber discountenanced. Yet, certainly, it is at times a grave fault and must lead to failure. The fault is more common than may be supposed, and, more frequently than supposed, it is responsible for failure to get the results reasonably expected from remedies. It is not enough to have the proper remedy; it must be given in proper dosage. Many a prescriber, after he has made his diagnosis correctly and chosen his remedy appropriately, defeats his aims at the last moment because he fears to push his remedy to effect. He loses where he should have won. He fails on this account when he should have succeeded.

Where, otherwise, disappointment must follow almost surely, results may be obtained from a given remedy if it is administered rather heroically, not necessarily in a single dose of huge proportions or two or three such doses; for, in reality, the effect aimed at often may be had with small doses

frequently repeated. Calomel is an example, and aconitine, and atropine. A small dose given consistently at fifteen-minute intervals, and pushed to physiological effect, often will serve better and more promptly than do one or two large doses.

The point is, that the prescriber ought to know his remedies thoroughly and give enough with confidence, to impress the organism and carry on to a satisfactory conclusion. What the average prescriber needs is, more confidence in himself and more confidence in his remedies. With more confidence, will come more cures. Iodine is among the remedies that need to be pushed aggressively, especially in emergencies; how many infants, we question, have died because iodized calcium was not given to effect in the emergency?

The same is true of hypnotics. A common fear deters many from prescribing them in large-enough doses or prescribing them at all. To a certain extent, this is justified, of course; some of these agents really are dangerous. But, given a reasonably safe hypnotic, such as barbital, for example, its administration is well advised in many cases in which it is ordinarily withheld. Insomnia is deplorably common in these days. It may be necessary to induce sleep with drugs. In fact, few persons live who have not had recourse to them in some troublous time or other when natural sleep was quite impossible. Nor is sleep, so induced, without its benefits. Many times, it spares the organism, for, surely, nothing is so racking as persistent wakefulness. Not only in insomnia is a well selected hypnotic useful but, likewise, in many conditions of stress and shock, of mental panic and emotional upset, wherein sedation with or without sleep is the aim.

However, to "nag" the system with minute doses of the selected hypnotic, is worse than useless. Let it be given in one full dose, at night. Then, the desired result will follow, with benefit to the nerve-exhausted patient.

THE CAMPAIGN AGAINST VENEREAL DISEASES

The American Social Hygiene Association, Inc., 105 W. 40th St., New York City, recently published a pamphlet, written by Mr. Will Irwin, under the title of "Conquering an Old Enemy." Mr. Irwin deals with the venereal-disease problem frankly and fearlessly, and shows indisputably the urgent necessity of a general and energetic campaign against this scourge of the "civilized" races.

Physicians would do well to write to the American Social Hygiene Association, Inc., for copies of this pamphlet which they should hand to those of their clients who are of influence in the community. We have in mind, especially, the fathers of families—the fathers of growing boys, more particularly.

In this connection, we wish to urge physicians and others to apply for membership in the American Social Hygiene Association the purpose of which is, the carrying out of practical measures to promote sound ideas for the perpetuation of the family as a social unit, including the repression of prostitution and the elimination of venereal diseases which form so great a menace to community and national life.

Membership in this association, which is $2.00, entitles the holder to the monthly and quarterly publications without cost and, likewise, to a copy of any pamphlet issued by the association.

It is generally admitted, and very frequently proved, that virtue and genius, and all the natural good qualities which men possess, are derived from their mothers.—Hook.

SANATORIUM—SANITARIUM

In recent issues of CLINICAL MEDICINE, various articles have appeared in which the designations *sanatorium* and *sanitarium* were made use of. The owner of one of these institutions rather resented our using the spelling "sanatorium" in view of the fact that his particular hospital is designated as a sanitarium.

In all instances in which a certain institution for the treatment of the sick is officially named a sanitarium, such as, the City of Chicago Municipal Tuberculosis Sanitarium, we have been careful to retain that wording when referring to that particular hospital. However, when speaking of such establishments in general, the correct spelling, sanatorium, was employed deliberately.

The "Encyclopedia Britannica" (11th ed. Vol. 24, p. 127) gives under the article "sanatorium":

A modern Latinism, formed from *sanare*, to cure, restore to health, *sanus*, whole,

healthy, well; often wrongly spelled *sanatarium* or *sanitarium*, an establishment where persons suffering from disease, or convalescents, may be received for medical treatment, rest cures and the like; in recent modern usage particularly used for establishments where patients suffering from phthisis may undergo the open-air treatment (see Therapeutics). The mis-spellings of the word, *sanitarium* and *sanatarium*, are due to a confusion of "sanatory," i. e. giving health, from *sanare*, and "sanitary," pertaining to health, from *sanitas*, health.

Dorland's "Medical Dictionary" defines "sanatorium" as: 1: A sanitarium. 2. A health-station; a health-resort in a hot region, while it gives under "sanitarium": an establishment for the treatment of diseased persons and especially a private hospital for convalescents or those who are not extremely ill.—It is to be regretted that so excellent a lexicographer as Dorland does not draw the proper distinction between the two names.

Littré, "Dictionaire de Médecine", etc., has a lengthy paragraph under the heading "sanatorium," defining such an institution as an establishment intended for the treatment of certain chronic maladies by hygienic measures. It does not mention sanitarium at all.

Guttmann, "Mediziniche Terminologie," defines "sanatorium" similarly as does Littré, and also fails to refer to sanitarium.

The "Britannica" very properly discourages the employment of the faulty word "sanitarium." Moreover, it is in the interest of international nomenclature that we should agree with French and German medical lexicographers in eliminating the wrong term, sanitarium, from our dictionaries.

In the advertising pages of *The Journal of the American Medical Association*, we find the term "sanatorium" used throughout for institutions for the treatment of tuberculous patients, while "sanitarium" is the name made use of for establishments for the treatment of nervous and mental diseases, drug addictions, and so forth.

We believe that this distinction is based on a fundamental error. Surely, if institutions are designated properly and in accordance with their purpose, we should employ the term that indicates to treat, to heal, to cure; and, this is *sanare* from which *sanatorium* is derived. On the other hand, if we were to speak of general health resorts, where physicians may or may not be consulted and have charge, where people go, allegedly for their health, but, more truly, in order to have a good time, the word *sanitarium*, derived from *sanitas*, health, might be employed, though, correctly, it should not.

We wish to point out that our editorial rule is, to use the proper wording, *sanatorium*, while, of course, deferring to the official designations where these include the word "sanitarium," however wrong it may be.

Laughter is a most healthful exertion; it is one of the greatest helps to digestion with which I am acquainted.—Dr. Hufeland.

THE MODERN-HOSPITAL BUILDING

As our readers may know, *The Modern Hospital* is a monthly publication devoted to the interests and the development of the hospital. It has been published now for a number of years, first, in St. Louis, later, in Chicago, and has extended its activities to "The Modern-Hospital Year Book" and *Modern Medicine*, the latter being one of the youngest medical journals in existence, but, by no means the least valuable or least important one. Indeed, its specializing, more or less, in institutional, industrial and social medicine gives it an immense field to represent that will provide material for useful and stimulating activity for the future.

For a long time, The Modern-Hospital Publishing Company, Incorporated, has found itself hampered in its former location for lack of space and facilities. We are pleased to learn that the concern has moved its offices to its own building, at 22-24 E. Ontario St., Chicago, which will hereafter be known as "The Modern-Hospital Building."

In establishing its headquarters in this building, *The Modern Hospital* is adding another to the growing group which is establishing Chicago's reputation, both here and abroad, as the center of medical and hospital organization and education in this country. Within a few blocks, stands the building long occupied by the American Medical Association, while the new home of the American College of Surgeons is only a stone's throw away.

The Modern Hospital Building will be a veritable center of national hospital,

health, and welfare activities. It will house not only the offices of *The Modern Hospital,* the "Modern Hospital Year Book," and *Modern Medicine,* but, also, the national headquarters of the American Hospital Association and the National Catholic Welfare Council (Division of Social Action). What this will mean in the way of more expeditious interchange of thought and activity and greater ease and cooperation between the number of national organizations at work in the hospital and kindred fields, can readily be seen. Other developments are pending which, when consummated, will greatly enhance this center to all who are interested in these fields of work.

THE DISPENSING PHYSICIAN

According to a report (reviewed in a recent issue of the *New York Times*) by Dean H. H. Rusby, of the College of Pharmacy, of Columbia University, this noted pharmacist refers to the dispensing physician as one of the chief troubles of the druggist, today. Dean Rusby admits that promiscuous prescribing in drug stores is much to be deplored; on the other hand, it is claimed that physicians dispense their own medicines to the great detriment of their patients.

From his own viewpoint, Dean Rusby, quite logically, advises the public to avoid the dispensing physician and the prescribing pharmacist, since he holds that one is just as objectionable as the other and just as dangerous to the patient. He aims to give the students in the College of Pharmacy such a knowledge of medicines as will cause them to be afraid to indulge in prescribing.

However, Dean Rusby admits that, in some cases, it is necessary for the doctor to dispense drugs as, for instance, sometimes, in the country where otherwise patients could not obtain necessary medicines.

Dean Rusby caims that the average doctor has no means or takes no steps to find out if the drugs furnished him are what they are supposed to be. "The pharmacist, on the other hand, is supposed to examine all the drugs he buys from the manufacturer . . . . He does enough of it, at any rate, to enable him to judge whether the supply house is treating him squarely and furnishing him what he orders."

The assumption that the druggist is an educated chemist, capable of undertaking satisfactory tests of the drugs that he buys from his supply house, is not based on fact. Indeed, only a small percentage of druggists are, even, graduates in pharmacy. Most druggists have learned just enough of their profession to fill prescriptions, to sell perfumery, kodaks, soda water, cigars and the other thousand and one things carried in such a store.

We never have known a druggist who actually made any tests of the purity of the drugs dispensed by him. As far as we can tell, the druggist depends for the quality of his drugs upon the say-so of the manufacturer.

If we come down to brass tacks, the dispensing physician in reality is far more interested, personally, in the purity of his drugs than is the druggist, and our knowledge of dispensing physicians, which is rather wide, justifies the conclusion that, as a whole, physicians are at least as particular and careful in this respect as are druggists.

Health is the golden medium between exertion and over-exertion.—Dr. V. E. Lawrence.

MERCURIC-CHLORIDE POISONING

Attention has frequently been directed to the fact that discoveries in medicine, that are of widespread practical utility, reach the public only years after their announcement. This is true, especially, regarding the use of antiseptics, despite the fact that lay people are unreasonably and unreasoningly afraid of "germs" which seem to represent to them a veritable bogey man.

It is but a very short time ago that the excessive popularity of, and unconditional faith in, carbolic acid as an effective antiseptic was given up. Physicians have long turned to other and better bactericidal substances, but, among the laity, the employment of carbolic acid continued unabated, probably because it was believed that its disagreeable odor would frighten away all undesirable "germs".

Since carbolic acid had been shown to be relatively but slightly antiseptic, while it possessed many very undesirable proper-

ties and great possibilities for harm, the people have taken up the use of mercuric-chloride tablets which now are employed largely for their antiseptic and for other purposes; this despite the great danger attaching to this violent poison.

It seems rather strange that, at the present time, corrosive-sublimate solution should be employed by preference as a vaginal douche, and it is even more strange that some women are foolish and reckless enough to insert the tablets themselves into the vagina.

This dangerous procedure has, in many cases, given rise to serious accidents and it may be well to call attention to some that recently came to our notice.

In the *Journal of the American Medical Association* for May 1 (pp. 1227 and 1230), there are two reports of cases in which either the solid corrosive-sublimate tablets or solutions of them had been used with disastrous results. Attention is called to these reports and we urge physicians to educate their patients in this regard, insisting on the danger associated with the use of mercuric chloride and informing them of the all but absolute harmlessness of the newer chlorine-bearing antiseptics which, moreover, are more effective as bactericides than are, both, corrosive sublimate and carbolic acid.

The law of sustained health is physical resistance against the encroachments of disease.—Dr. V. E. Lawrence.

THE COMMITTEE FOR THE RELIEF OF THE VIENNA MEDICAL PROFESSION

The editorial on the subject named in the title of this article (this journal, April, p. 222) brought forth a pleasing response from a number of our readers who sent us checks for transmission to the committee. It has given us great pleasure to pass on the various sums received, and we are certain that they will accomplish much good.

We do not acknowledge the individual donations in this place because we have done so separately to each physician who mailed us a check. However, we should like to reproduce a portion of a letter from one physician received with his contribution. The doctor says:

"Some forty years ago, I was a member of the Studenten Krankenverein of the University of Vienna, enjoying the unstinted services of professors, doctors, dentists, and summer resorts. A few weeks ago, I sent to one of my sisters, a deaconess at Gallneukirchen, Austria, two dollars in a letter. For this grand sum, she obtained 500 crowns in present Austrian money. So we can get rich here and in heaven too."

The spirit that moved this contributor to make some return for benefits enjoyed, forty years ago, of course, is to be commended. Just as much, though, is the desire of other physicians commendable to aid their suffering brothers in Vienna. The collections for this purpose are not yet closed and any donations that physicians desire to make will be received gratefully. We shall be happy to transmit such donations to the committee.

The best way to get an answer to prayer is, to work for it.—Gene Stratton Porter.

THE NEED OF THE HOUR

The great need of the times, in order to relieve the almost desperate conditions facing the average citizen, is, production. In every line of industry, both agricultural and manufacturing, production is the one thing that can relieve the situation. There is a great deal of misapprehension as to the cause of the high prices of everything from rents to silk shirts. Some intelligent people are too ready to attribute the trouble to profiteering; it is so much easier to express our impatience in abuse of somebody than to use our brains calmly in thinking out a remedy. There is profiteering, of course; but, let us not forget that scarcity is what makes profiteering possible. When production was normal, before the Great War, human nature was just the same as now. Speculators were just as ready to rob the public as they are today, but, the abundance of everything made that impossible.

If the workers would realize that continual striking, to force wages up, only increases the cost of everything they use, or, in other words, reduces the buying power of every dollar they earn, there might be a prospect of a better future. In some way or other, the public and, especially, the working people must come to see that increased production is the only means of bringing about a general and permanent lowering of the cost of living. If they are not wise enough to learn this fact by reasoning, they will have to learn it from

the stern schoolmasters of panic, unemployment and hard times. The worst feature of the matter is that, if panic and hard times come, the very classes that have made the calamity inevitable, will not attribute it to the real cause, namely, lack of production, but will be easily lead by demagogues and firebrands to believe that capital is to blame for a condition which they themselves have brought about.

Take the matter of food, for example: Farmers are finding it impossible, for lack of help, to raise the crops so badly needed to bring about plenty for all. Workers are leaving the farm for the city, and those that remain are so unreasonable in their demands for big wages and short hours that, for a long time to come, it will be impossible to restore food production to the normal.

The workers flock to the cities attracted by the short hours and high wages and, worst of all, by the love of excitement. When the crash comes, as come it must, some of these will be disillusioned. If they could only realize it, farm conditions at the present day are capable of furnishing more of that which makes life worth living than are the uncertain and artificial conditions of city life.

If anything can be accomplished towards a better state of things, short of the hard lessons of panic and hard times, it will be by teaching. In this, every good citizen should do his part. The family physician enjoys the confidence of the common people to perhaps a greater degree than any other professional man and here is his opportunity to sow good seed. A word in season from him may help to set many a workingman to thinking. There are breakers ahead. Will the people be wise enough to see them in time?

What you are, lies with you. If you are lazy, and accept your lot, you may live in it. If you are willing to work, you can write your name anywhere you choose.—Gene Stratton Porter.

THE MISTAKE OF SPECIALIZING TOO EARLY

Very properly and with good cause, comes the plaint that the young physician preening himself on his extraordinary fitness, led on by inconsiderate ambition, athirst for sundry metropolitan pleasures and urban comforts, turns his back on the country and, straightway from the lecture-room, establishes himself in some tall office building, frequently as a specialist in this or that department of medicine. For, youth often is thoughtless. Youth is conceited. Youth is venturesome.

That is unfortunate. There is a road that leads legitimately to success in the specialties, every foot of which, to the goal, ought to be traveled in patience, for, as one goes along his way upon this road, which is neither short nor easy, the wisdom is acquired that is only to be had upon contact with life and the sure knowledge born of experience, the stuff whereof success is truly made. To think of gaining success at a bound, is almost futile; some few persons perhaps have done it, but, it is an acrobatic feat beyond the powers of most of us. There is no short-cut to success that depends upon personal experience. Nor is the experience had during internship in the hospital equivalent to that acquired in actual private practice.

It is the same in business. To succeed in the management of large affairs, requires more mental equipment than a kitful of theories or definitions collected at school. An executive must know basic principles. The details delegated to underlings must be familiar to him. He must have studied men. He must have had a large general outlook upon life. He must have acquired strength and wit and poise with the years. Olympus is not for the unprepared; for such, the heights are dizzy and untenable.

From the college, our newly-made medicos ought to go to the small towns and engage in general and diversified practice such as only the country affords; at least two years, better five or ten, should be spent in such apprenticeship. The cities are filled, and many a doctor has a hard time making both ends meet, while good locations are available in all sections of the country where a sufficient income may be earned almost from the start, besides the desirable opportunity for clinical experience, for studying humankind, for developing one's talents. The means are here for preparing to attain success, later, in the city. From the country, the zealous can proceed to metropolitan fields, stronger of heart, wiser of head, surer of hand.

In the interim, the doctor will have learned what his forte is; and, rather than deliberately choosing a specialty, he will

gravitate into one naturally. In other words, he becomes a specialist in this line or that by inclination, because he has found that he likes some particular work and, what we like, we always can do best.

This is the way to success. Long and tedious it may be, but, it is sure. To the young medico, recently out of school, no better advice can be given, especially if he has neither money nor influence back of him, than this: To the small town first; let the city wait! The small town needs you and has ready for you a welcome and a living; while the city is full and busy, and careless as to whether you come or not. When you do come, no warm reception will await you, nothing will be given you, nothing will be promised. Only the fit survive there and only the fittest can hope to win.

SOLUBLE LEAD IN THE GLAZE OF CASSEROLES

In a recent issue of the *Experiment Station Record,* there is abstracted a report on certain experiments made by H. Masters, with several types of earthenware casseroles, of French make, glazed only on the inside; and which showed that, in some cases, a considerable amount of lead can be extracted from the glaze not only by the action of 4-percent acetic acid but (and this is important) also by the action of dilute solutions of organic acid; namely, 1-percent acetic, citric or malic acid.

As solutions of organic acids of about that strength might be used in ordinary cooking processes, the results of these experiments possess a direct bearing to the use of casseroles that are glazed on the inside. It is to be noted that not all of the soluble lead is completely extracted by the first treatment but that the glaze continued to yield lead even after ten or twelve treatments. It follows, that casseroles of that sort are a potential source of danger, with respect to possible lead poisoning, for a variable period of time after they have been put to use.

While glazed earthenware of English make was found to yield an appreciable amount of lead, this was less than in the case of French products.

It often happens, clinically, that symptoms similar to those of lead poisoning are observed by the physician without his being able to find any source from which lead might have been derived. In the case of painters, plumbers, printers, and so on, physicians are quite accustomed to consider the possibility of lead poisoning. Here, there is an indication that might point to a definite source of lead in suspected cases of poisoning, even though these cases do not occur in persons manifestly exposed to plumbism.

Whenever new glazed-earthenware casseroles are purchased, they should be treated with undiluted strong vinegar, which is kept at boiling temperature for several hours, in order to extract all the lead that can be secured from them and, thus, obviate the danger to those partaking of dishes prepared in these containers.

If you once let the things you own get the upper hand of you, you're gone. You'll be owned by them, and you'll spend your life looking after them. The only way to enjoy things is, to buy them, and use them, and wear them out and throw them away and get some more.

IT OCCURS TO US THAT

It is not always well to worship an ideal. A man we knew did that and, later on, she ran away with a sewing-machine agent.

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The well-known interstitial glands are "out of print" pro tem. Now, the public is being made acquainted with its suprarenals. The Sunday supplements, disregarding Holy Writ, assure us that the Ethiopian *can* change his skin provided the adrenals are properly educated. The whole thing is simplicity itself: in Addison's disease we get bronzing of the skin; ergo, if we reverse the condition, we ought to prevent deposition of pigment entirely; in other words, we shall have a white blackamoor.

Now, if we may offer a suggestion, all that is necessary is, to work on the sudoriparous glands and give us that most desirable thing, an *odorless* coon.

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This may still be "the land of the free," but, we haven't been able to discover anything of that variety for some time; excepting, of course, numerous individuals who should be in jail.

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John Wanamaker has hit the profiteers in the solar plexus. By buying "desirable merchandise in large quantities and

for spot cash" he is able to sell everything, "from pins to pearls," at a reduction of 20 percent from current prices. Now, if John D. would reduce the price of gasoline, we could run to New York and do our shopping.

—

Via the Sunday supplement, we learn that by "injecting purified air into the brain substance" through the "centricle which exists in each hemisphere", an "eminent surgeon" has succeeded in locating and removing otherwise undiscoverable tumors "which obstruct the flow of cerebral fluid and thereby cause insanity." We assume that this is hot air—purified, of course, to meet "scientific requirements." Anyhow, if you have a friend who seems a little off, recommend that he have his brain aired. He may be a little lightheaded, thereafter, but, his "centricles" will be working, and that's the main thing.

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The reason why so many men wear—or feel that they will have to wear—overalls is, because their women-folk insist upon wearing filmy, rosetted "underalls," at from $15.00 to $35.00 a set. *Cherchez la femme*, as usual!

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Love alone is a marvelous thing, but, when it gets mixed up with esteem, it may become dangerously dynamic. For example, the wife of a prominent New York attorney sues her husband for divorce and claims that he "made love so violently that he fractured her shoulder-blade." To which he replies: "I may have slapped her on the knee, but I couldn't make 'violent love' to a woman I didn't esteem." Had the lady stood really high in his estimation, he probably would have pulled off her patellæ and disarticulated her cervical vertebræ. One might be "loved to death" and not complain but to be "esteemed to pieces" must be distinctly disagreeable.

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"United we stand"—for almost anything.

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Government of "the people," by THE people, has evidently not yet perished from the earth.

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"He married a servant-girl" now is said in the awed tone of voice heretofore used when one remarked: "She married a millionaire."

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Practically everybody is rooting around after the "root of all evil"; but, a whole lot of the rooters need rings in their snouts.

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"Spuds and spareribs" remain the *pièce de résistance* on the menu of the horny-handed. No one else can afford them.

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The little speckled hen is on the job all right, but, so is the *spec*ulator. As an "eggstractor," he has Biddy beaten to a cackle.

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Dandelions are said to be nutritious. So far, at least, *they* are not controlled by a trust and, therefore, may be consumed by ordinary people. Despite the popular prejudice against handling the flowers, we may have to send our families "dandelioning." Sharp as the lion's tooth is necessity.

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The sporty young bloods who think, and boast, that they are "seeing life", do not seem to realize that they are groveling in the filthy bed of the stream, and that LIFE flows on above it, sometimes muddy and disturbed, but, commonly, clear and even.

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While the constant and persistent demand for higher wages "to meet the increased cost of living" can be understood, it attacks the problem at the wrong end. The proper thing would be, to *lower* the increased cost of living—by eliminating the profiteers, by preventing the exportations of foodstuffs to a degree that leaves our own requirements poorly provided for, by assuring sufficient production.

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We are overfond of investigation. No matter what kick is raised, if only the howl is sufficiently insistent, committees of investigations are appointed—by Congress, by the State legislature, by the counties and the municipalities—which proceed to "Investigate", at the tax payer's expense. Investigations cost money—and the investigators get it. Unfortunately, nothing ever comes from such expenditure but words and (sometimes) more investigation.

Leading Articles

Inexcusable Blunders in Diagnosis and Treatment

By WILLIAM J. ROBINSON, M. D., New York City

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THAT there has been a great improvement in the practice of regular medicine within the last decade, both as concerns diagnosis and treatment, only the very ignorant and the very cynical will deny. But, that there still is room—enormous room—for improvement, even the most optimistic and the most credulous will admit. It is not, however, with the natural limitations of medicine that I wish to deal in this article, it is not on the mistakes and failures due to our present state of knowledge—or, rather, ignorance—that I wish to dwell; no, I want to devote a few paragraphs to a more profitable topic; namely, to mistakes due to carelessness, due to failure to utilize the knowledge that we do possess, and, also, to some deplorable results following too vigorous treatment or too much treatment; or to a failure to recognize the fact that two diseases may coexist, and that, having made the diagnosis of *one* disease, we have not done our full duty, because one and the same individual may suffer from two serious illnesses at the same time.

I am the last person in the world to look down with contempt upon the general practitioner. I know perfectly well that none of us is infallible; I know perfectly well that even the specialist is not immune from mistakes; and even the man who has the title of Professor now and then may make an absurd blunder. I know all that. But, in this article, I wish to refer exclusively to mistakes and mistreatment for which, with the utmost charity and with the best of good will, there is no excuse. Nor need it be thought that critical articles pointing out mistakes are of little or no value. Quite the contrary. The report of a mistake in diagnosis or of wrong treatment is, or should be, of the greatest benefit to the physician, for, it puts him on his guard, makes him alert, and, often, saves him from making the same mistakes in his own practice.

Crushing of the Vesicles

Case 1. He was 51 years old. Single. Like so many business men, he delayed *living* and getting married until he was sure that he could support a family in ease and comfort. He had reached that position when he was fifty. His hair got grey in the meantime but that didn't matter. He took good care of himself and was well preserved. He began to look around for a mate and, strange to say, or perhaps not at all strange, he found a young lady of about twenty-seven who, he thought, would be a very suitable mate for him. But, before he knew it, he was violently in love with the young lady, in love to the extent that he felt that he could not live without her or that, if he could, it would not be worth while. The young lady evidently was not violently in love with him, though she loved him enough to be glad to marry him. And, from what I understand, there were no mercenary motives behind her willingness to marry Mr. A. They became engaged and the courtship days were, as he said, the happiest days in his life. He could afford to give her and to have a

good time. Before the wedding day was definitely settled upon, the man decided to undergo a thorough examination at the hands of a genitourinary specialist. Not that there was anything the matter with him, but, at the age of twenty he had had a mild attack of some sort of urethritis and, while it never gave him the least trouble and his urine was perfectly clear, he thought it would be best to be sure. The principal reason for his examination, however, was that he wanted to know whether he was virile enough to have vigorous children or to have children at all. That he was potent, he knew. However, he also knew enough to know that a man may be potent and sterile at the same time. He went to a man who was recommended to him as a genitourinary specialist. The doctor gave him a very vigorous and evidently, to judge by the results, a too vigorous prostatic and vesicular massage. The patient, though robust and not at all hypersensitive, nearly fainted. He remembers that he felt "gone" for a few seconds and was all covered with a cold perspiration. The expressate was tinged with blood. The doctor told him that it didn't amount to anything as it was only temporary due to the vigorous massage and that everything would be all right. But, everything has *not* been all right. Since that very moment, the man has had *hemospermia*. He distinctly denies ever having had anything like it before. He had sexual relations a number of times with condoms and, if there had been anything peculiar about his semen, he would have noticed it. Since that treatment, he has been very sensitive around the prostatic and vesicular region and any intercourse or attempt at massage of the prostate and the vesicles would bring out a muddy blood-stained semen. The spermatozoa, when present, are non-motile or, if motile, soon lose their motility.

When he came to consult me, I told him that there was no likelihood of his being a father of healthy progeny or of any progeny at all. The man was in despair. All that he had built he saw crumbling before him. As an honest man, he considered it his duty to inform his prospective wife of his condition. And, though she liked the man and was sorry to lose the well-established and comfortable position that marriage with Mr. A. would have assured her, she was too young, with the maternal instinct too strongly developed, to sacrifice her future for a comfortable financial and social position.

And, so, the man is lonely now and will remain lonely for the rest of his days; all on account of an over-zealous, perhaps well-meaning but, nevertheless brutal procedure on the part of a careless physician.

This is as good place as any to emphasize to my readers that prostatic massage, while a very simple procedure and extremely beneficial if performed with gentleness in indicated cases, can become very mischievous and result in disaster if performed (1) too brutally, that is, too forcibly; (2) too frequently or (3) in cases in which it is contraindicated, such as acute and superacute prostatitis, tuberculosis of the prostate, acute urethritis, epididymitis. I have seen and have known of cases where improperly performed massage was responsible for a severe aggravation and an extension of an inflammation from the anterior into the posterior urethra, for acute and almost instantly supervening epididymitis, for prostatic abscess, not to mention such transitory but extremely disagreeable phenomena, as fainting, falling with or without injury, chills, and so forth.

For the millionth time it must be repeated: Not too much zeal, not too much strength; in medicine, even as in social intercourse, gentleness will often accomplish more than brute force.

Forcing the Urethral Sound

Case 2.—The man had been suffering from chronic gleet for about two years. It wasn't much; still, now and then, the lips of the meatus would be stuck together and the urine contained a small number of small shreds. As the several general practitioners to whom he applied did not succeed in curing the condition, he went to a dispensary, more euphoniously called a clinic. The specialists of that well advertised institution would surely cure him, he thought. The young assistant, in charge of the clinic on that day, at once proceeded to pass a steel sound. The patient doesn't know exactly what size sound it was, but, comparing it with our

sounds, he thinks it was a number 30; it might have been smaller, it might have been larger. Of this he is not sure. He is sure however that the pain was atrocious, that the doctor had to use great force to push it through, and that, when he removed it, there was quite a gush of blood. The meatus was torn, there was bleeding from it for nearly three weeks, and the glans had swelled up enormously; according to the patient's statement, to about three or four times its normal size. Had the condition improved, he would have been reconciled more or less to his sufferings, but the worst of it was that the urethral condition became very much aggravated. He had come to me five months after the brutal manoeuver was performed on him, and all this time there was a morning discharge—something which he did not have before; while the urine was loaded with heavy shreds. Urinary urgency, which he did not have before at all, also was present. There was no doubt that, to the man's chronic urethritis, was superadded a cystitis. The trauma produced by the forcible passing of the sound furnished favorable soil for an additional infection.

It is a very common practice, a practice that cannot be condemned too severely, for a physician to decide upon the size of the sound, that he wishes to pass, by the size of the meatus and, having selected and sterilized that sound, to insist upon forcing it through. Why? Is the physician ashamed to confess, so to say, that he had made a wrong guess? Or, is he too lazy to sterilize another sound? Rather change the size of the sound half a dozen times, if such a thing should ever be necessary, than to force a sound through a man's urethra several sizes or even one size too large for it. Oh, Urethral Sound, what sins have been committed in thy name!

Two Diseases in the Same Patient

Case 3. It is so satisfying to find the cause of things. In fact, this is one of the factors that distinguish the thinking from the non-thinking man: the former always wants to know the *why* of things, the latter takes things as they are and does not bother his head with the why, wherefore and whither. When a man comes to a doctor complaining of an aggregation of symptoms and the doctor finds an underlying disease which accounts for all or for most of the symptoms, he feels very pleased. But, he often overlooks an important fact: that two diseases may coexist at the same time, that a part of the symptoms may be caused by one disease and the other part by the other disease, and that the same symptoms may be caused by a number of diseases. Because a man suffering from gonorrhea gets severe pain in the joints, it does not follow that he necessarily must have gonorrheal arthritis; for, a man with gonorrhea can get acute articular rheumatism just as much as a man who has never harbored the gonococcus of Neisser. A man suffering from nephritis can get, also, an entirely independent lumbago. The tubercle bacillus and the spirocheta pallida can have their habitat in the same organism. It is an illustration of the latter fact that the following case presents.

Mr. B. B., 36 years old, has been feeling ill for the past eight months. He has lost flesh, looks anemic, has a hacking cough and suffers from terrific headaches. Also, his throat is sore and his hair is coming out. He consults a well-known and competent general practitioner who percusses him and auscultates him, finding some dullness in the right apex of the lung. He tells him that he suspects tuberculosis, tells him to bring the sputum; and, an examination of the sputum discloses the undoubted presence of numerous tubercle bacilli. The doctor's diagnosis is fully confirmed. The patient is ordered a generous diet and a creosote preparation. The treatment is continued for two months without any improvement. The doctor then tells him that there is only one thing for him to do and that is, to give up business and go away to a sanatorium in the Adirondacks or in Colorado. Before taking such a weighty step, the patient is advised to consult the present writer. There is no question about the diagnosis of tuberculosis in the initial stage, but, there is something else the matter with the patient which the first physician could have discovered as well as the present writer if the diagnosis of tuberculosis had not completely satisfied him; so completely that he did not think it was necessary to look for any further causes. Mr. B. B. had

tuberculosis. He also had syphilis which he had contracted about a year or so ago.

The history was vague. At first, he denied any; however, he then recollected that he did have what looked like a little pimple. The general adenopathy, however, the mucous patches in the throat, the alopecia, and, last but not least, the 4-plus Wassermann reaction confirmed the diagnosis beyond any doubt whatever. The man is put on specific treatment. The improvement is immediate and, what is more, not only immediate as far as the syphilitic symptoms are concerned, but, there also is a decided improvement in all the tuberculous symptoms. Now, if the patient will change his climate or, even, without doing so, he stands a good chance of a virtually complete recovery. Without the discovery of the lues, the patient undoubtedly would have gone from bad to worse.

This is a point that we never must tire of iterating and reiterating. The presence of one disease does not exclude the presence of another or even a half-dozen other diseases. A man may have a stone in the kidney and an ulcer of the stomach at the same time. He may be suffering from gall-stones and develop a pleurisy on top of it. He may have mucous patches in the throat and develop a quinsy in addition. He may suffer both from prostatitis and a stone in the bladder. And so on, endlessly. And, last but not least, he may be infected with gonorrhea showing numerous gonococci and develop an endourethral chancre at the same time.

Treating the Patient Rather Than the Disease

Case 4. Generally speaking, the physician of to-day leads an easier and more comfortable life than did his confrère of a hundred or fifty years ago, and he also is much better compensated for his services. Furthermore, he has more knowledge and better instruments of precision. If our predecessors of the beginning or the middle of the 19th century could pay us a visit, they probably would envy us. There is one point, however, regarding which we all must envy our medical forefathers, and, that is, *their lack of doubt* as to the rightness of their treatment, their naive and simple-minded certainty that they were on the right track, that they were doing all that could be done for the patient. If he did not choose to improve or to recover, that was his and God's business and not the doctor's fault. The cool, calm way in which he proceeded on his daily rounds was quite remarkable. He had studied in his textbook that such and such a disease required such and such treatment—and that was enough. If he only was sure of his diagnosis, he felt happy. He proceeded to give the patient the medicines recommended in the textbooks. If the patient got well, he was pleased and the medicine got the credit; if the patient refused to improve or if he got worse or if, inconsiderately, he even went so far as to die, he, the good doctor, experienced no scruples of conscience, and sharp-toothed doubts did not disturb his sleep. Didn't he give the medicines recommended in Prof. X's famous textbook? If the patient's *vis medicatrix naturæ* was too weak to pull the patient through, the patient, and not the doctor, nor the authority whom the doctor so faithfully followed, was to blame.

Alas for the physician of today! He has become analytical. He has become skeptical. Some of him has really learned to think, to question and to doubt. If a patient who is treated according to the rules of the game does not improve or if he gets worse, the physician is likely to get worried, to question the correctness of his treatment; while, if the patient dies, the doctor's nights not infrequently are disturbed by the uncomfortable thought: may be, if I had treated the patient differently, he still would be among the living. A very uncomfortable thought for an honest, sensitive man. Still, uncomfortable as this attitude of mind is for the physician, it is the patient's only potential salvation. Eventually, the entire profession will consist of thinking, doubting, questioning men, men who will challenge every dictum of authority, men who will demand a complete overhauling of our most respectable and most expensive textbooks, men who will refuse to take anything, *any single thing*, for granted. However, that period has not arrived yet. We still have in our midst the physician who treats, not the patient, but, the disease, who has no doubts and no scruples, who prescribes according to rules, and who

leaves the results to Providence. This is such an important point, that it is worth while devoting to it a few more lines or even a page or two. Let us take an example.

Arsphenamine Not an Exclusive Remedy

Arsphenamine is a remarkable remedy. Its value in syphilis is beyond question; only a fool can doubt it or sneer at it; and, if Ehrlich had produced nothing else, he would deserve to be placed among humanity's greatest immortals. And, yet, I repeat what I said many times before: arsphenamine, or salvarsan, in spite of its wonderful virtues, has been responsible also for a great deal of damage. Why? Because, the physician has found what he considers a shortcut; and, shortcuts generally are dangerous.

Syphilis? An injection of salvarsan, and the doctor's duty is done. We are, again, brought face to face with the old evil of treating the disease and not the patient. The diagnosis of syphilis is established by the symptoms or by the Wassermann reaction or both; one or more salvarsan injections are administered, and the physician is fully satisfied, particularly if the Wassermann becomes negative or if the secondaries disappear or are prevented from appearing at all.

Let us illustrate. A. J., forty-five years old, suddenly develops symptoms of locomotor ataxia: ataxic gait, gastric crises, urinary incontinence, and so on. No definite luetic history, though the possibility of infection, fifteen to eighteen years ago, is not denied. However, the Wassermann gives four plus. An intensive salvarsan treatment is decided upon. So far, so good.

A dose of 6 decigrams of arsphenamine is given weekly, for four weeks in succession. The patient gets worse; he loses flesh; he loses his appetite while the urinary incontinence becomes aggravated. A more intensive treatment is then decided upon and two intraspinal injections are administered. The after-effects of these injections, however, are so severe that the patient says he would rather have his disease, he would rather be dead than undergo another injection intraspinally. This being the case, the arsphenamine is again given intravenously—with still worse results. The patient has lost 45 pounds under this treatment and is in every way worse off than he was before the treatment was instituted. Nevertheless, the doctor sees no possible connection between the aggravation of the trouble and the arsphenamine injections; for, do not the authorities say that arsphenamine is *the* treatment for syphilis? Indeed, he would have continued with them if the patient himself had not rebelled and refused further treatment. Evidently, some doctors, incapable of independent thinking, cannot get the idea into their heads that a drug, that may be *generally* good for a certain disease, may act very badly in certain individual cases. They seem to forget that there is such a thing as idiosyncrasy. Even quinine, which is used as a remedy in malaria, now and then has very bad results and there are patients who cannot stand the smallest dose of it. If this is true of such a comparatively harmless drug as quinine, why can it not be true of such a toxic substance as arsphenamine? We always must go by results. A remedy may act most magnificently in the vast majority of cases, still, if in a certain case it seems to be inefficient or even injurious, we must instantly stop. I might add that, during the entire time that the patient was given arsphenamine, the doctor gave no thought to any other treatment. This is a point which I mentioned several times in my writings. Syphilis is a weakening, destructive disease and our whole duty is not done when we merely give specific treatment alone. For some patients, specific treatment alone is sufficient; others need, in addition, the usual, commonplace, often reviled, but, nevertheless, frequently very efficient tonics, such as iron, quinine, strychnine, the compound syrup of hypophosphites, phosphorus, nuclein, lecithin, and similar remedies.

It goes without saying that, when the patient applied to me, I did not continue the arsphenamine treatment. In fact, for a time I did not give him any specific treatment, only tonics. As soon as the patient had gained several pounds of flesh and was becoming himself again, I began to treat him with mercurial injections. In this case, the mercury acted much better than the arsphenamine. With the exception of the ataxic gait, all the other symptoms improved. He could retain the urine much better at night; in fact, after a

while, he needed no urinal in his bed. His appetite became voracious; he regained his normal weight and was in every way a happier individual.

The Tyrannical Wassermann Test

While I am on this subject, I cannot refrain from making a few remarks about the tyranny of the Wassermann test to which I have referred a number of times editorially in the *Critic and Guide*. As with arsphenamine, so with the Wassermann reaction. No doubt, the reaction is of great importance and is of unquestionable value in the treatment of syphilis, but, there is no doubt, likewise, that it has caused an immense amount of damage. If negative, it has made patients and physicians *discontinue* treatment when treatment was of the utmost importance, and if positive, it has made patients and physicians *continue* treatment when treatment was not necessary. The Wassermann reaction is merely a guide which is of value only when considered in conjunction with all other factors. It is a guide that is apt to mislead when considered alone. Also, we must not leave out of consideration, altogether, the fact that not all laboratories are reliable and that a report "negative" or "1-plus" or "4-plus" is not always to be taken as gospel truth. In fact, when the result of the Wassermann is of great importance, it is best to have two laboratories perform the test. Only the other day the following thing occurred:

A specimen of a patient's blood was sent to three different laboratories. One laboratory reported negative, the second laboratory reported 1 plus, and the third laboratory reported 4 plus. The same test was repeated. The samples were sent to the same laboratories with the identical results; negative, 1 plus and 4 plus. What is a patient to do in such a case? A wise physician knows what to do, but, those who follow laboratory reports blindly are all at sea. And the patient is apt to become fearfully upset, depressed and melancholy and to lose faith both in his physician and in scientific medicine. I might add that, in this case, several tests, afterwards repeated at different intervals by one of the foremost laboratories, proved negative.

[*To be continued.*]

After Thirty Years—XXII

Notes and Reflections on Life and Work

By WILLIAM RITTENHOUSE, M. D., Chicago, Illinois

A SOJOURN of nearly five months in a modern hospital affords to the sojourner opportunity for some interesting observations. One of the first things to strike the observer is, the contrast between the hospital patronage of today as compared with that of twenty years ago. Then, most hospitals were making efforts, more or less strenuous, to keep their beds filled; today, most of them have their beds engaged for days ahead—a waiting list. The impossibility of getting competent help, at home, compels numbers of people to go to a hospital when they are taken ill. The public, generally, also recognize the fact that better care and better equipment are at their disposal in a good hospital than in any private home.

The Cost

One soon learns, too, that the cost of being ill has held its own in the race with the high cost of living. After one's pocket-book has come in contact with the hospital book-keeper a few times, one looks at the people who crowd the wards and rooms and wonders: "Where do they get it?" just as one wonders the same in regard to the buyers of silk shirts and fur-coats and twenty-dollar shoes. That this thing must bring up against a stone wall, sooner or later, seems inevitable; but, when?

The Nurses

The scarcity of nurses is something that gives food for reflection as to the future prospect for hospitals and sick people in general. A certain hospital, that normally ought to have at least 20 probationers, had one, last December; she became appalled at the overwork and quit. Later, another one was found and then a second. Another hospital, that should have in training a class

of 100, now has about 20, I am informed. The result is, that all nurses on duty are overworked and this fact makes it very difficult to get probationers. Young women can command such large salaries in the commercial world, and get them at once, that they are not attracted by the prospect of giving three years of their lives, without pay, to prepare themselves for a laborious profession, which, when they have attained it, is not as well paid as stenography. A good many thinking observers are coming to the belief that the three-year course for nurses is a mistake. Any young woman who cannot be made a good nurse in two years, is not likely to in three. If she lacks the traits of character necessary to make a good nurse, she is pretty certain to lack them after any amount of training. A course of training will not change human nature.

Not All Trained Nurses Are Efficient

During the past few months, I have had the opportunity of observing, at close range, the work of about a dozen three-year graduate nurses—all holding the degree of R. N. About half of them could truthfully be called efficient; the remainder were inefficient—constitutionally so—from various causes, such as lack of brains, conceit over a little knowledge, lack of conscience, carelessness and so on. Some of them had no scruples about substituting their own views in place of the doctor's orders. One of them expressed herself regarding the doctor's opinion in a matter of surgical procedure in these words: "I don't agree with him!" She had graduated a month previously. One of them would, in nine cases out of ten, inject a bubble of air with a hypodermic of morphine. When her attention was called to the fact, she dismissed the matter lightly with the assertion that it did not do harm.

Of course, when the supply of nurses is normal, such individuals are gradually eliminated because no doctor will employ one of them the second time; but, at present, the scarcity of nurses of any kind, good, bad or indifferent, is so great that we have to do as housekeepers do with their help (when they can get any), namely, look pleasant and put up with shortcomings. I have quoted the instances mentioned, to show that a three years' course of training will not make good nurses out of poor material

It is difficult to imagine what hospitals are going to do in a couple of years from now when their present classes have graduated and gone.

The Registered-Nurses' Association has some of the undesirable features of labor unions. The incompetent nurse gets the same pay as the efficient one. Membership is no guaranty of efficiency. Of course, an examination is required, but, an examination is a very imperfect test. I saw a proof of this fact a short time ago. A nurse who had been in the war and who was competent and experienced, failed in the examination because she had been too busy to study much. Another nurse who had just graduated and who had a greatly exaggerated idea of her own knowledge, passed. The latter was the one mentioned who "did not agree" with the experienced surgeon.

Six Weeks' Training Course Not Enough

The plan of giving a six-weeks' course in nursing to a promiscuous lot of women and then allowing them to call themselves nurses and charge all that the traffic will bear, will not solve the nursing problem, either from the standpoint of the patient's welfare or from that of justice to the educated nurse. These would-be nurses know that few people will ask to see their diplomas and many of them are posing as graduates; they do not say of what.

Two or Three Years of Training

An increasing number of physicians are of the opinion that it would be the part of wisdom for all hospitals to cut down the course of training for nurses to two years, and then refuse diplomas to those who do not show positive evidence of being competent, with special reference to the practical care of patients. This would work no hardship if they were warned, from the beginning of their training, that efficiency would be absolutely required as a condition of graduation. In other words, the possession of a diploma and the right to use the degree of R. N. ought to mean something reliable; at present, they do not.

The Problem of Waste

One of the things that strike an observer in most hospitals is, the waste of good food and other supplies. A well-loaded tray is carried to each patient; often, the food is

scarcely touched and it goes to the garbage can. When we think how many hungry people there are in the world today, and even in our own city, it does seem as if human ingenuity ought to be able to devise some plan of utilizing this wasted food.

Waste of dressings and other supplies is due to the indifference of nurses and internes. It is human nature not to care about expenses that do not come out of our own pockets. It is not an easy matter to awaken the conscience of the average nurse in regard to using two or three times the amount of dressing or alcohol needed. I watched a nurse applying an oil which, she informed me, cost six dollars an ounce. She applied it so lavishly that three-fourths of it was wasted, but, it did not seem to occur to her that some one was paying for her wastefulness. Continued insistence, in the lectures, upon reasonable economy and watchful supervision ought to have some educational result.

Zones of Quiet

The ordinance establishing zones of quiet around hospitals is a joke. It seems as if the chauffeurs of motor trucks take especial pleasure in showing their contempt for the law by opening their mufflers and producing the most deafening noises in passing a hospital. It is the old story—pass a law and then expect it to enforce itself. One hospital is located a stone's throw from a police station. The police ambulance and the patrol auto never fail to give a very noisy account of themselves when arriving or departing. When the police are such serious offenders, themselves, it is no wonder that they do not try to check other offenders. The hospital authorities say that they have frequently complained at the police station, but, without result.

A hospital is rather a noisy place in any case. There are many noises, that seem unavoidable, originating within the institution—the ringing of bells, the noise of elevators and dumb-waiters, the groans of those in pain or of those partially under anesthesia. The helpers who do the menial work of the institution are not always as careful about noise as they might be. They do not submit readily to discipline because they know their power and do not scruple to use it. The scarcity of unskilled labor in this as in all other lines makes it necessary for employers to overlook a good deal. On the whole, the lot of the hospital superintendent today is not a happy one.

Bed Sores

This form of ulcer is due to pressure necrosis produced by a patient lying too long in one position. Other factors are, emaciation and a depraved condition of the tissues due to anemia or tuberculosis. The failure to change position may be due to neglect or it may be unavoidable owing to the nature of the illness or surgical lesion. There are many locations on the body where bed sores may develop. A fairly complete list would be as follows: The heels, the external malleoli, the heads of the fibulæ, the internal condyles of the femurs, the great trochanters, the crests of the ilia, the sacrum, the shoulders, the condyles of the humeri, the olecranon processes and, rarely, the ears. This totals more than a score of places that need watching in a bad case. Lately, I saw a boy with a tuberculous spine who had developed 13 bed sores while in a charity hospital. An unlucky number for him, truly.

There are precautions that will go far towards preventing the development of these troublesome lesions, and any one who has ever experienced the excruciating suffering they are capable of producing will appreciate the assertion that any amount of time and trouble is worth while in trying to prevent their development.

The chief consideration in the way of prevention is, frequent change of position, if this is possible. Next in importance is, bathing the threatened point several times a day, with alcohol. This cools the inflamed tissues and hardens the epithelium. If the skin becomes too hard and dry, a little zinc-oxide ointment can be applied after each bathing with alcohol. Much rubbing should be avoided, as it removes the epithelium.

Soft pads of cotton [Not, absorbent cotton, however, but cotton batting; which is more elastic.—Ed.] placed around the threatened area are much used, although there is danger of simply transferring the trouble to a new place. A soft mattress or a large, thick, soft pad to lie on have given me better results than padding around the lesion. Air cushions and water beds have not proven very satisfactory in my experience. A favorite plan with some sur-

geons is, to cover the threatened area with flexible collodion. It has not proven satisfactory where I have seen it used. On a similar principle is the plan of covering the spot with adhesive plaster (zinc oxide preferred). This is more readily removed for inspection than the collodion. In removing it, care must be taken to loosen it with gasoline. Pulling it off may bring away the epithelium with it, which is just what we want to avoid. Many a threatened ulcer has, in this way, been converted into an actual one. In using gasoline, care must be taken not to be near a gas flame or lamp. Electricity or daylight provide the only safe illumination.

When the skin has actually broken down, forming an ulcer, there are two indications for treatment; namely, to relieve pain and remove pressure. For the relief of pain, there is nothing better than balsam of Peru applied freely, although, if used long, it macerates the tissues too much; hence, it should be alternated with ointment of zinc oxide. The latter answers very well in all stages of the ulcer, except in case of severe pain. It is best applied on oiled paper.

To relieve pressure on the ulcer, we may apply several layers of zinc adhesive plaster to the skin, around the wound, leaving the sore itself exposed for observation and treatment.

Questions Answered

Several Readers.—Please give the pronunciation of the word *vitamine.*

Ans.—One of the editors of the "Standard Dictionary" informs me that the preferred pronunciation is: *vi'-ta-mine—i* as in *pine, a* as in *final, i* as in *machine.* Second choice: *vi-tam'-ine—i* as in *pine, a* as in *ham, i* as in *pin.*

"E. K. W." asks: "I do not find the tomato in your list of foods rich in vitamines, in the December issue. Is the omission intentional?"

Ans.—The omission was accidental. But, a few lines further back, where I speak of canned tomatoes being lacking in vitamines, I also say that the fresh tomato is an excellent antiscorbutic.

"G. S." writes: "Will not the heat of baking destroy the vitamines in whole wheat or bran bread?"

Ans.—Probably, to a small extent; but, enough will be left to have a beneficial effect on the system. Experiment has shown that boiling does not decompose the vitamines to any marked extent; while the superheated steam used in canning tomatoes has too high a temperature for them to endure.

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The Family Doctor

Specialists, Drug and Alcohol Legislation Tend to Force Him Into Oblivion

By MALFORD W. THEWLIS, M. D., New York City

OLD Doctor K., who lives in the country, has a practice that spreads over fifteen miles of territory. He travels day and night, over hill and down dale, in wind and snow, never refusing a call for help, the thought of recompense never entering his mind. The spirit of service is uppermost in this man's work and he is called upon to treat every possible kind of ailment, since there is not another physician to be found in a radius of several miles.

Doctor K. has practiced in that locality for thirty years. Although he is looked upon as old-fashioned, his results are good and he has fewer fatal cases than many city doctors I know. He prepares and dispenses his own remedies, for, there is not a druggist within ten miles to put up a prescription, and he must, therefore, have a large stock of medicines, including narcotics (morphine, codeine, cocaine, heroin) in order to relieve suffering or because they enter into the preparation of many remedies that he is called upon to use. He requires alcohol to prepare his medicines; also, whisky and brandy, for some cases, as his years of experience at the bedside have taught him that, in certain diseases, they are indispensable.

There is another type of family doctor who lives in a small town and has a country practice. He, also, gets his experience

from hard rubs at the bedside, while the lack of suitable material to work with frequently tests his ingenuity and self-reliance to the utmost. He prescribes his own medicines, from necessity; for, it is not convenient for country people to go a long distance to have a prescription filled. Above all, at night, his own medicines are necessary because the drug stores are closed.

There is a type of family doctor that is well equipped with modern apparatus for diagnosis, such as, x-ray, laboratory equipment, electrotherapeutic machines, and who is able to diagnose his own cases. He knows where to get things done that he cannot do himself. A large part of the world's medical work is done by such men as he. They care for us before the specialist gets us and after he gets through with us. Some of the specialist's reputation for quick and easy recoveries is really due to him. Often, he makes it unnecessary to go to a specialist at all. He is good at diagnosis, and his lifelong familiarity with us, our families and our children gives him aid of a kind and degree that no specialist can fall back upon. He may fail, sometimes, to diagnose a rare disease that proves to be incurable, but, he adds a touch of kindness, from his knowledge of the weaknesses of our human make-up, to enable us to live in more mental comfort, and, if I may say so, to die comforted by the tender care he gives us.

Doctors and Commercialism

The practice of medicine is a fascination to a physician of this type, and its study gives him as much enjoyment as art, literature or poetry give to others. He is the least commercial of all doctors. As a rule, commercialism defeats science and the great scientific achievements have come from men who would not consider the commercial side of their work.

Pasteur made many practical discoveries, such as, a perfected system for filtering water, for instance; but, he gave his results to the public, being willing to die in poverty rather than to commercialize science. Berthelot, the famous French scientist, would not sell his discoveries or be rewarded for them.

I assert that the old country doctor, who goes day and night to everyone that calls him, possesses the true spirit of life, namely, to help a neighbor in distress. Indeed, the world is the richer for his living in it. There are family physicians, in country and in towns, who will compare favorably with most city physicians. They are well educated and well equipped, while their postgraduate studies keep them in touch with the newer ideas in medicine. They do little surgery as they do not believe in the "occasional" surgeon. However, they know when it is necessary to send a patient to a specialist and they realize their own limitations.

Throughout the country, there are physicians who are described as family physicians. There is quite as much need of physicians in small towns as there is in larger cities; more so, perhaps, because in the latter there are hospitals where patients can go, while in the country a sick man must seek relief from his family doctor—there are no clinics available there.

Specialists Versus General Practitioners

Young Doctor X. sits in his office in New York and writes an article for some medical journal in which he expresses the opinion that the family doctor has no place in medicine. "The country doctor is passing into oblivion," according to him, and he triumphantly assures himself that it is the age of the specialist. Then, again, we have our plan of group medicine, the latest and most popular fad, where there are various specialists in one office building. You are sent from one to the other and each one adds a bit to your diagnosis and not a little to the bill. The human side of the practice of medicine does not interest these men. You walk into the office and your name is put down on an index in order to identify you at a subsequent visit. You are a cold, business proposition; a disease, if you wish, but, not, a human being. Your troubled mind is not relieved, as these men give you little faith or hope in medicine. They may not do much to relieve you; however, you have the satisfaction of knowing that you have a disease with a long and scientific name. Also, you may be quite certain of receiving strictly "scientific" treatment.

The specialists would have us believe that there is no place for the country doctor, and, yet, a short study of prevailing conditions clearly indicates that there is a great need of general practitioners. It is a recognized fact that the good specialist is one who has spent several years in general practice. An ophthalmologist must be able to recognize kidney diseases and many

other organic disturbances in order to do satisfactory work.

Surgeons operate upon patients and discharge them from the hospitals writing "uneventful recovery" on the records. Surely, the patient goes home much improved and, as the surgeon does not see him again, he assumes that his patient is progressing well. Soon after the patient reaches his home, though, he may develop a postoperative nervous condition and the family doctor is the one who has to bear the burden for, often, it takes a year to cure this extreme postoperative nervousness.

The specialist is greatly mistaken in his estimation of the old country doctor and there will be a reaction in favor of the latter. In fact, the family doctor's position will become much stronger than it is today, as there are now too many specialists and they make fully as many mistakes as the general practitioner.

Efficient and Inefficient Country Doctors

There is no place in medicine for the inefficient country doctor [or city physician, for that matter!—Ed.] who does not equip himself with modern methods or study. His work is crude and a disgrace to the profession. While there are many of this type, and they deserve condemnation, the efficient family doctor should be encouraged. The specialist is short-sighted in his unfavorable criticism since, the more able the general practitioners, the more work they send to the surgeons and specialists because they know their own limitations and are too conscientious to undertake the treatment of cases requiring special knowledge and training.

The good type of family doctor should never go. His many years of practice and observation at the bedside make him a valuable man. He has faith in therapeutics because, he knows that certain remedies will relieve suffering. He uses the remedies employed by old doctors and the combination of these with the latest methods, obtained in postgraduate work, gives him an armamentarium which is difficult to equal. He does not consider himself a clearing station to direct patients in this or that direction as the disease may indicate. He does not shift the responsibility of his cases to others but is willing to follow them along to see the results of treatment. His fees are not high, therefore, he sees his patients frequently and, in this way, has a much better opportunity of studying the outcome of his methods of treatment.

The Lack of Country Doctors

Often and unfavorably do we hear of the socalled "old fashioned" doctors, for, the physician who graduates from medical college today is filled with ideas of specialism and an ambition to practice in the cities. He is led to believe that it is undesirable to be a general practitioner in a country town. As a result, there will be, and is now, a shortage of medical practitioners for country districts. There are many towns in the United States that do not have enough doctors; in consequence, many sick persons lie ill in their country homes unable to get medical attention. In a few years, there is bound to be a serious shortage of doctors in the country.

Doctors of Sixty Years Ago

Another thing, the young doctor is taught that medicines are of little value and that the only valuable things, in medicine, are those which come fresh from the pen. The work of old doctors is overlooked by these theorists; yet, I know of several new medical books that have been bagged outright from old volumes forgotten by most of us. Some people are fond of comparing doctors of sixty years ago with those of today, speaking disparagingly of the old clinicians. Nevertheless, leaving aside certain advances in medicine, I prefer the works of Trousseau, the famous French clinician, which were written in the sixties of the last century, to most of our newer publications on clinical medicine. Trousseau's influence on French medicine is strongly felt to this day in the clinics of the Hôtel-Dieu, in Paris, where his work was carried on by Professor Dieulafoy and is now continued by Prof. A. Gilbert. Although these professors grant to laboratory methods their proper place, they do not permit them to supersede clinical observation. These men's power of observation at the bedside made them great clinicians while our newer methods tend to make us clinically lazy and are prone to make us depend too much upon laboratory findings.

Mental Influence of the Physician

A peculiar law of human nature is that, when a man, no matter how well educated,

becomes ill, he is weak to the extent that he wishes to be comforted and, the more highly developed his mentality, the more susceptible he is to encouragement. If doctors do not give him hope, he seeks it elsewhere. The present wave of nihilism in therapeutics, which has swept the medical profession, discourages the patient and, often, drives him to consult osteopaths, chiropractors, "new-thought" teachers, or any cult that gives him hope. The therapeutic pessimism of medical men has, in fact, given these socalled sciences a chance to thrive.

The surgeon would have us believe that surgery is the only means of cure. I would not depreciate the work of our great surgeons, as some of the greatest advances in medicine have been made by surgeons and we must not overlook them. But, the ambitious "occasional" surgeon, who sees in everyone a misplacement, tipping, warping or wandering of some innocent organ from its habitat, and an urgent indication for a major operation, is decidedly detrimental to mankind. Must we believe that God made us all imperfect, requiring cutting by a mediocre surgeon to perfect our organs?

Doctors and Druggists

There is one factor that is, indirectly, making it difficult for the general practitioner to carry on his work. The fact is, that druggists do not wish to have physicians dispense medicines and the associations of druggists have tried in every conceivable way to prevent them from handling their own remedies. Of course, it would be better (for the druggists) if the doctor gave everyone a prescription. However, there are thousands of towns in the country where it is a necessity for the physicians to dispense their own remedies.

The Harrison narcotic act is a great step towards ridding the country of opium-eaters and habitués of all kinds, and it has been a Godsend in most respects. Yet, I have heard that it was not inspired entirely by a spirit of moral reform, but, in reality, directed against physicians, in order to prevent them from dispensing their own remedies. To be sure, it has made it hard to dispense, since many remedies contain narcotics which are difficult to obtain and, now, a doctor must record each dose of medicine containing a narcotic which he gives to a patient, requiring considerable time to keep his record in order.

The Effects of Prohibition

The present prohibition law, with all its good, has brought many hardships on the country doctor. It nearly has compelled him to give up dispensing his own remedies, as it is difficult for a physician to obtain alcohol for his medicines. Its price is prohibitive, not to speak of the difficulties accompanying its purchase, and, thus, the physician is constrained to go without many desirable remedies. This piece of legislation has deprived physicians of one of their most valuable weapons against certain diseases, particularly many maladies incidental to old age.

Advocates of prohibition tell us that alcohol is not a necessity and that doctors can get all they require for their patients. Theoretically, they can; but, practically, any one who has attempted to do so knows what a difficult process it is. First, a doctor must be bonded and it requires, in some cases, about two months to obtain a permit from the internal-revenue office. Besides, a special permit is required to prescribe intoxicating liquors. Personally, I have been waiting for this permit for two months. There are cases where alcohol is all but a necessity; yet, after practising medicine for several years with a free hand, I cannot, now, prescribe whisky for a patient who needs it, in my opinion. Recently, I had a ten-year-old boy seriously ill and it appeared to me that he had but a few hours to live; experience had taught me that, in such cases as his, whisky pushed to its full physiological effect often relieves; but, as I happened to be waiting for my permit, I was then unable to prescribe that drug. The family finally obtained two ounces of whisky and, a few hours after its administration, the boy was very much better and has continued to improve. I cannot help but feel that it saved his life.

Alcohol is a therapeutic weapon of which doctors should not be deprived. I know of no one whose observations are more reliable than those of the late Dr. Abraham Jacobi. He was one of our few therapeutic optimists and one of the first clinicians to advocate alcohol in its full physiological action. Alcohol is indispensable in the treatment of many diseases of old age. A little whisky or brandy in the house often

will be of great value in cases of emergency before a doctor can be found. Pessimists may say that it only comforts the mind and, therefore, is unnecessary. However, if it does comfort the mind in illness, is that not what human beings are looking for? Is not religion a comfort to the mind? Rob medicine of faith and hope, and you have taken from it two of its greatest assets. Doctors who do not disseminate faith and hope are infidels in their profession just as is the man who has no faith in religion.

It is not my purpose to write for or against prohibition. What I wish to point out is, that physicians should not be prevented from using every possible means to relieve suffering and that the needs of the country doctor must not be forgotten. The prohibition law will work well with doctors who are supplied with their needs with promptness. If country doctors have to deal with opposition by specialists, and, in addition, with legislation that makes general practice difficult, uncomfortable and almost impossible, we shall soon find our country towns to be without medical practitioners.

Those who have seen small towns in France deprived of doctors since their physicians were killed in the war, know the pathetic side of the situation. There is much suffering there at times and people die who could, in all probability, have been saved if proper medical attendance could have been secured.

Sir James Mackenzie on the General Practitioner

One of the greatest living contributors to medical science, Sir James Mackenzie, says: "The progress of medicine will be hampered and delayed until the general practitioner becomes an investigator." The feeling has been developing in recent years that the general practitioner and the family physician had outlived their usefulness, that they are merely social workers among the sick leading patients from one specialist to another. Now, our eminent English colleague says, "Friend, go higher"; moreover, he gives the family doctor the place in the front ranks of the fighters against disease.

Doctor Mackenzie's contentions are, that the general practitioner has the opportunity to study the early stages of disease, at a period before the specialists or hospital internes see the patients and at a time when an accurate interpretation of the early physical signs can prevent the development of a dangerous illness. The general practitioner can follow, more than any other, the development of disease through all its stages, extending over many years, and, by careful observations and notes, complete records which cover many gaps in our knowledge. This experience, gained by long and accurate study, gives a high degree of skill in determining prognosis. In his recent article on "The Future of Medicine," Doctor Mackenzie reiterates this view and states his belief that, not in the laboratory nor in the hospital ward, but, in the domain of private practice and in the outpatient clinic, lies the hope of the most rapid medical advance.

The general practitioner has been humiliated and made to feel that his work is unimportant. Medical journals are filled with elaborate treatises and technics that frighten the general practitioner because he cannot employ these methods. The specialist protects himself with elaborate methods and the general practitioner feels that he could not do this work. He has little encouragement in his practice and has little time to write or make himself known. However, he has an opportunity of studying disease that is rarely found even in institutions. When he goes to medical societies, he listens to the "latest" and feels that he is not able to compete with the city specialists.

The Need for Independent Thinking

Nevertheless, almost everything in medicine is very simple if summed up and it can be simplified by a man who does his own thinking. The trouble comes in the fact that most practitioners do not do their own thinking, do not dare to deviate from the course of therapeutics as prescribed by books, and depend upon associations to think for them. I do not speak disparagingly of these great associations which have fostered excellent advances in medical science, but, I claim that doctors should do their independent thinking and study their own observations more carefully than most of them are now doing.

Radium specialists advocate huge doses of radium which, they know, other men will not or can not purchase. Antitoxin manufacturers, who have journals that as-

sist in their advertising, advocate large doses of antitoxins as that increases their sales. Salvarsan has been administered with such elaborate technic that the general practitioner is afraid to use it. It may be possible that salvarsan could be made for administration by mouth but, if it were, it probably would not be sold at such high prices as it is today. Roentgenologists use complex methods which baffle general practitioners, but, if worked to its simplicity, the work could be done by the average man.

The fad in medicine, now, is laboratory work and complex methods of examination. Very little credit is given to a man's observations of years in bedside work. In order to demand a place in medical science, however, the family doctor must equip himself with new apparatus and call into action every possible means for the study and relief of disease. With a good training, supplemented by postgraduate work and a good idea of the methods of specialists, with accurate observations at the bedside, studying and recording each case with great care; following his cases, noting every development and the effects of every therapeutic measure, he has a great opportunity for studying and writing and there is no one who has more material, for useful books to be written, than the man who spends his life at the bedside, in general practice.

Pyorrhea Alveolaris

If Nobody Else Knows What's the Matter With You, Why Not See a Dentist?

By FREDRICK K. REAM, M. D., D. D. S., New York City

ONLY a short time ago, one of the most effective young "vamps", that ever slithered across a tiger-skin rug, found herself lacking in that famous "punch" that used to daze the kind-hearted but thick-headed heroes of the films. Instead of injecting into her work that sense of seething surge, that impression of devilish dynamism which she had brought to within a few degrees of the perfection point, she took to lolling around the studio like a cat full of fish, on a sofa-pillow, defiantly militant.

She complained of a feeling of chronic exhaustion—an overpowering sense of lassitude, which no amount of sleep, rest, or fresh air seemed to benefit materially. And, she spent money like an inebriated sailor on all sorts of expensive specialists and medicines—new, old, and middle-aged.

Finally, some bright medico, who had been reading about the work of Dr. Frank Billings and Dr. E. C. Rosenow of Chicago, and a lot of other doctors, and dentists, who were looking into apparently sound teeth—and finding some horribly unsound conditions present—suggested that she have her teeth x-rayed.

This was done by the writer of this communication.

Two great abscesses were found at the apex of the roots of the first lower molar on the right side and the adjoining bicuspid tooth. From these abscesses, pus was constantly being absorbed into this girl's system. Germs by the million were being carried into her circulation, there to develop their toxins—toxins similar to those that the Orinoco Indians produce from putrefying meat for the poisoned barbs of their blow-pipe darts.

The abscessed teeth were removed, an artificial bridge being planned to take their place. Inside of a week, all the old symptoms of torpor and lassitude cleared up, and the "vamp" once more was restored to her normal conditions of "vampirishness". She grew years younger in feeling and in appearance. Her complexion once more became fresh and ruddy; she felt and acted like a woman in the pink of physical condition—which she was.

Pyorrhea Widely Distributed

There are literally thousands of such cases in every part of the country, especially since crowns, bridge-work and improperly-filled root canals became epidemic. These are associated with, and the actual cause of, some of the gravest systemic conditions. For, rheumatism, diabetes, dis-

eases of the gall-bladder and the respiratory passages have been traced directly to the foci of infection at the roots, in the root canals, or around the gum margins of decaying teeth and pyorrheic gums.

You yourself or some member of your family may, at this very moment, be suffering from some obscure condition of nervous exhaustion, debility, or some grave structural changes in the vital organs of the body, from this very cause.

According to Dr. Frank Billings, it is even probable that appendicitis may be caused by a strain of the streptococcus group of germs from a mouth or a diseased-tonsil focus, acting as a sort of culture tube for improving the strain of bugs by cross-breeding, as it were. For, these organisms are capable of being transformed into germs of an entirely different strain or into some intermediate form of virulent hybrid; which intermediate forms have a strange and special affinity for particular tissues in which they can best thrive.

It has been estimated that there may be three billion bacteria in a neglected mouth —and almost sixty different varieties of these! In a mouth like this, it wouldn't matter much whether pure food were pure, or not. For, no kind of adulterated or disorganized food could be any worse than the stuff the individual owning such a mouth will finally swallow, after properly mixing it with tooth-pus and a few millions of his favorite bacteria.

Also, decayed teeth may develop diseases of the eyes and the ears, purulent conditions in the accessory sinuses, ulceration of the tonsils, enlargement of the glands of the neck.

Mouth Infection Productive of Numerous Ills

Even "heart disease," produced by the formation of scar-tissue on the valves of the heart or by inflammation of its lining membrane, has been traced to infection arising in the mouth; while almost every other disease of a generally infectious nature has been demonstrated to have its source in some process of decay originating in the oral cavity.

Dr. William FitzGerald contends that, in an experience of hundreds of cases, he never yet has seen a case of goitre in which there was not originally some infection from a necrotic tooth pulp, or from the pus-pockets of gums affected by Riggs' disease; while there is, now, no doubt about it that innumerable cases of epilepsy have been traced to nerve-irritation, either stimulated or excited by the presence of carious teeth.

The tendency toward recurring attacks of coughs and colds is invariably aggravated and, frequently, developed by septic mouth conditions. Also, thousands of dyspeptics are made so and kept so by nothing more or less unesthetic and inexcusable than the constant swallowing of pus from decaying teeth and gums; taken into the stomach with every mouthful of food and drink.

This, in turn, leads to anemia, malnutrition, arteriosclerosis and diseases of the blood-vessels, also to the lowering of vital resistance which increases our vulnerability to all forms of infections. And there is no doubt but that many of the lesser ills of the body—taking the form of soreness of the joints, tissues, muscles and nerves—may frequently find their origin in some infection within the oral cavities.

Influencing the Mentality

Also, the classical experiments of Dr. Henry A. Cotton, Medical Director of the New-Jersey State Hospital, at Trenton, have proved, beyond the shadow of a doubt, the destructive influences of focal infection upon brain-functioning. For, by recognizing the fact that mental disease may be the result of infections and of the toxins due to focal infections, Doctor Cotton and his associates have been able to discharge 87 percent of patients admitted to the New-Jersey State Hospital during a period of nine months; whereas, during a period of ten years previously, the proportion of discharges to admissions was only 43 percent.

In other words, the recognition of the role played by focal infection, and the elimination of these focal points, by appropriate treatment, has doubled the number of patients saved from life-long crippling of their reason. What this would mean, were the same ratio of improvement to follow the systematic removal of focal infections in every patient now confined in an asylum, could be readily computed in terms of the actual number of patients helped.

But, the *real* results, that is to say, the definite restoration to mental health of the one out of every two of mental derelicts

now drifting inexorably toward the Black Gulf could be computed only by some bright angel with a heart full of love for broken humanity and a brain to comprehend the meaning of this restoration.

These are the sober, scientific conclusions of men recognized the world over for their conservatism and competency. They are not fancy-born theories of medical alarmists seeking the bubble reputation in the minds of a gullible public.

They have the endorsement of the Life-Extension Institute and of men who are devoting time and energy to research work. So, if nobody else knows what is the matter with you, if you have sought vainly in numberless other directions for relief, see a dentist. Have him x-ray your teeth. In this x-ray, you may find the causes of the obscure conditions that are active in reducing your efficiency, crippling your body, and shortening your life. It is the only method that can determine with mathematical accuracy just what is the matter with you, and why.

Myringotomy and the General Practitioner*

By J. A. STUCKY, Lexington, Kentucky

A few days ago, a general practitioner asked me to write for the Journal what I had demonstrated to him as to when and how to do a myringotomy and tonsillectomy, emphasizing the statement that there were times when he could not get an otologist and laryngologist, however urgent the case and however much he desired to have one. This is especially true regarding myringotomy in acute otitis media. At his earnest solicitation, I shall try to describe, in writing, what I told him and demonstrated to him.

For years, I have contended, in my articles on the mastoid operation, that it was as much the duty of the family doctor, living some distance from an otologist, to be able to recognize an acute otitis media and mastoiditis as it is his duty to recognize an acute appendicitis. More than this, I have endeavored to emphasize the fact that, what the appendix is to the abdominal cavity the mastoid antrum and cells are to the cranial cavity, the point of least resistance when infected, and safest to relieve by surgical treatment.

It is better by far to prevent pus formation by several (if need be) incisions properly made in the drum-membrane than to allow the infected serum to become purulent and the pain and sepsis to continue until an opening is made by disentegration of, and pressure against, the membrane. The latter heals with a cicatrix and impaired healing; while the properly made incision (myringotomy) heals either without a cicatrix or with one in which impaired hearing and ankylosis of the ossicles rarely is detected. Not only this, but, a properly-done myringotomy, when indicated and with free drainage established, diminishes the danger of mastoid-cells infection.

Myringotomy is not an easy and simple operation. Indeed, I know of no surgical operation that can be done as quickly but that requires more accurate knowledge of the parts, than this. The operation is indicated if there is a persistent pain in the ear and the drum-membrane is bulging from the pressure of serum or pus in the middle-ear cavity.

Preparing for Operation

Before attempting the operation, be sure that you have refreshed your memory as to the anatomical topography of the normal drum membrane. A good light, kerosene lamp or electric, is necessary, as are several ear specula. Be sure to use a speculum neither too large nor too small but one that will enable you, after the external ear is pulled up, out and back sufficiently to straighten the membranous

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canal, to see every part of the drum. A head mirror is required, properly adjusted to reflect sufficient light to thoroughly illuminate the part; and, lastly, a sharp myringotomy knife. It is not needful to emphasize the necessity of thorough aseptic or antiseptic precautions; this goes without saying.

I place special emphasis on the difference between myringotomy and paracentesis—the former is an incision, the latter a puncture.

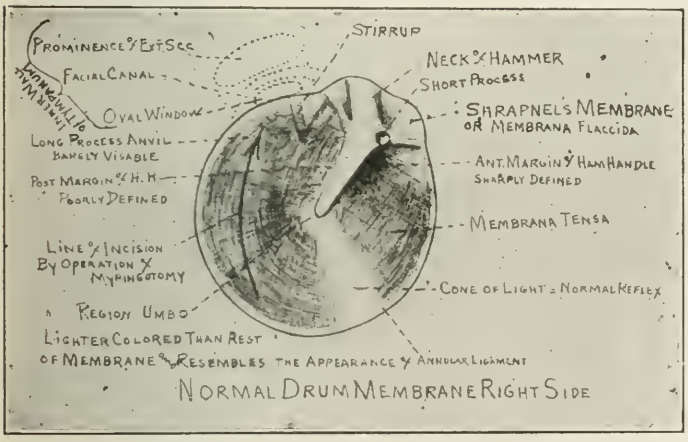
The Operation

The illustration used (Fig. 1) was made for me by Dr. George McKenzie, and a careful study of it will enable one to do the operation so as to get the best results. Unless the operator be very dexterous, the operation is best done under general anesthesia, but, painting the parts with equal parts of phenol, camphor and glycerine, renders the operation almost painless. The incision should be made upward in the posterior inferior quadrant. I quote from Doctor McKenzie's discussion of a recent paper on this subject which I read at Huntington, West Virginia:

"The reason why the incision, made upward instead of downward, is preferred is, because the upper posterior portion of the tympanic membrane is directly continuous with the upper posterior wall of the canal (which, of course, is a curved line), which makes the membrane naturally slant considerably, on the average of 45° or more. The upper posterior edge of the membrane, therefore, is much nearer to the operator than the lower anterior edge. In introducing the knife through the membrane to make an incision downward, there is a great liability of the knife point coming out of the tympanic cavity into the external canal with the result that merely a puncture has been made. Furthermore, in making an incision downward, the blood and secretion through the middle ear are likely to get into the field and obscure it, all of which is overcome by making an incision from below upward."

After doing the operation, no further treatment is required except placing small pieces of absorbent cotton in the external canal, changing them as often as they become moist with the discharge. Irrigation of the canal should rarely be used, and never except under strict surgical precautions, lest a new infection be caused. If the canal becomes filled with thick pus, I have irrigated with a medicine dropper filled with 1-3000 bichloride of mercury in 25-percent alcohol. If the incision closes and the middle ear fills with fluid, it should be opened as before.

This procedure, though academically described, as my friend requested, not only relieves the intolerable pain of earache immediately, but, I am sure, prevents many scarred drums, much impaired hearing and many cases of destructive mastoiditis.


Prominence of Ext. Sec.
Facial Canal
Oval Window
Long Process Anvil Barely Visable
Post Margin of H. H. Poorly Defined
Line of Incision By Operation of Myringotomy
Region Umbo
Lighter Colored Than Rest of Membrane & Resembles the Appearance of Annular Ligament
Stirrup
Neck of Hammer
Short Process
Shrapnel's Membrane or Membrana Flaccida
Ant. Margin & Ham Handle Sharply Defined
Membrana Tensa
Cone of Light = Normal Reflex
Normal Drum Membrane Right Side

The Rising Cost of Medicines

By HENRY B. HOLLEN, M. D., Chicago, Illinois

EDITORIAL COMMENT.—The business phase of the physician's work is assuming increasingly great importance. We are planning a series or articles dealing with this aspect of the physician's work, one of these articles appearing in the following. Remember, please, that the subject is open for discussion and that any physicians desirous of taking part in it will be given an opportunity to express their views.

LIKE other people, and, in comparison, even more than others because his fees have not generally increased apace, the doctor in almost every community is experiencing daily difficulties in the face of the rising costs of commodities. His office rent has been raised, not only once in these eighteen months or so but, it is likely, twice or oftener. His essential equipment costs more to install or replace. If he dispenses, it costs him more than formerly to replenish his stock of drugs and remedies, the prices for which have, necessarily, increased in consequence of the abnormal market conditions prevailing during and since the great military cataclysm from which the world has just emerged. Even the billheads that the doctor uses to collect his earnings have risen in price coincident with the mounting cost of paper.

So, as things are and may be for some time to come, there will be need to consider more carefully the economic side of medical practice, the need to keep expenses down to a mark at least level with income, which is quite possible by foregoing some of the needless disbursements of former years. Not without reason is the doctor reputed to be easy of approach for all sorts of schemers, a prospect for sellers of worthless securities, a willing buyer upon whom many heartlessly impose.

American-Made Remedies

Before the war, as we know, he was an inexhaustible source of profit for numerous Teutonic pharmaceutists who held patent rights for the marketing, in this country, of certain widely-advertised proprietaries and who sold them at tremendous profits. A hypnotic that everyone knows by name was one of these; also, an analgesic that, in recent years, has attained the front rank and very largely displaced phenacetin and the other coaltar derivatives. But, the end of the war brought a change—fortunately; the patent rights were terminated by the federal authorities, and alien interests disposed of to home people. The analgesic is now produced on this side of the water by our own chemists, under the chemical name of acetylsalicylic acid, and sold at a reasonable price to the practitioner; which is true also of the hypnotic referred to, which is known as sodium-diethylbarbiturate and generally listed under the newly coined name of barbital.

This beginning of a chemical industry in our own country means much to the doctor; from now on, he will be able to procure at a reasonable price more and more of those medicinals that heretofore, have been imported from Europe, either as crude materials or as finished products. Nor will he lose anything on the therapeutic side, for, the medicinal chemicals so far produced are every whit as efficient and to the last atom as pure as any brought from abroad. Obviously, the doctor and the public at large will be the gainers as the result of home production along this line which, assuredly, will continue to grow, and will encompass many a medicinal chemical, dye, flavoring agent and the like, for which we have had to depend on other countries in pre-war days.

Careful Buying

But, there are circumstances within his own power to control, if the physician is disposed to do so, and under which he can steer to a more lucrative goal. I refer to the buying of supplies for the office and dispensary, in which greater economy is possible without sacrificing anything in the way of results or in any wise penalizing his patient. Consider, for example, the choice of antiseptics for daily professional needs. Prejudicial to himself, many a doctor has been buying ready-prepared solutions by the pint or gallon, at exorbitant prices, when he might better have purchased the antiseptic agent in the dry form and made up his solutions. Water, as it

comes from the faucet, costs virtually nothing and even distilled water is cheap; coloring tablets, either red, yellow, green, or brown, are to be had in many places at something like twenty-five cents a hundred. Why pay so dearly for water and mere color, as one does who seizes avidly and thoughtlessly, the fluid antiseptics that glut the market? The ignorant laity might be pardoned for it, but, hardly the doctor who not only spends recklessly but often loses along with his patient in the matter of efficiency.

Enterprising chemists, striving as all good people ought in their work for perfection, are the fecund source of innovations, some of these may disappoint but others are full of merit and by no means to be missed; nor will they be missed by the alert practitioner with an eye always open for betterment; nor by the open-minded doctor who realizes that being too sweepingly skeptical may cost him dearly.

The New Antiseptics Are Superior

There really is no excuse in this day for such an ill choice of an antiseptic as carbolic acid or the bichloride of mercury. They belong to the past and by right should be obsolete; nor ought any physician today be using the old carmine-colored alkaline antiseptic, of questionable formula, that is sold under many elusive titles, and at a cost sometimes as high as a dollar a pint. Not, when such efficient germicides as the chlorine-carrying antiseptics are available! The efficiency of these agents, which is due directly to the chlorine that they carry and liberate, is very high. Chlorazene, for instance, is nearly fifty times more active, germicidally, then phenol. It dissolves readily in water. One tablet containing 4.6 grains, in which form it is available to the doctor, yields from one to four ounces of solution. It is also to be had in powder combination with eucalyptol and sodium bicarbonate and in this aromatized alkalinized form is especially suitable for application to the upper air-passages as a spray, wash or gargle. A teaspoonful dissolved in a glass of water makes an antiseptic solution as strong as a 5 percent solution of phenol; and an ounce of the powder suffices for at least two quarts of solution for douching and similar purposes. Such solutions, furthermore, are neither poisonous nor irritating to skin or mucous surfaces.

The user of active principles, rather than fluid galenicals, is wisely on the side of economy. The granules are compact and free from the indefiniteness and encumbrances of fluid extracts, tinctures and infusions. With them, there is little or no waste or spoilage; they present a form of medication that will not readily deteriorate. In one small medicine case, the physician can carry about with him on his rounds the equivalent of many shelves of ordinary galenicals. To use them is, to conserve money, time and effort, with corresponding benefits to the patient as well, both pecuniary and otherwise.

The foregoing will serve for an illustration. I could go on, at great length, to show how, by better selecting his supplies, the doctor is able, if he will, to reduce his expenditures and, at the same time, equip himself with more useful and result-producing agencies. But, I claim no exclusiveness as regards such knowledge. There are doctors aplenty who keep abreast of the times, who know the good things in medicine, and who profit accordingly.

Scarlatina

By HYMAN I. GOLDSTEIN, M. D., Camden, New Jersey

[*Continued from May issue, p. 326.*]

Other Complications

Scarlatinal synovitis is comparatively common. (1) Serous (simple) synovitis is more common; and (2) purulent arthritis may occur, but is not frequently seen. Synovitis occurs in about 7 percent of the cases, is usually transient, and nearly always appears from the fourth to the tenth day. In 72 percent of the cases, it affects the wrists, according to Marsden. In 533

cases, Carslow found synovitis in 60. It is most frequent in children past 5 years of age.

Phlebitis is very rare.

Bronchopneumonia and, even, true croupous pneumonia (in nephritis cases) occurs more frequently than we believe.

Differential Diagnosis

The differential diagnosis must be made from measles, Duke's (fourth) disease; drug eruptions due to quinine, belladonna, antipyrine, opium, chloral, potassium bromide, potassium iodide, mercury and antitoxic sera; rubella (German measles); toxic transient erythema, which is, sometimes, seen in diphtheria; erythema scarlatiniforme, erythema scarlatiniforme desquamativum, and simple erythemas with or without tonsillitis (streptococcic). However, suffice it to say that, in the large majority of cases, the short incubation period (2 to 7 days), the very short prodromal stage (24 hours or less), the early vomiting, the early sore throat, the characteristic punctate, fiery-red eruption; the very rapid pulse (140 to 165), out of all proportion to the temperature and the general condition of the patient, Pastia's sign (an intense continuous linear exanthem in the skinfolds at the bend of the elbow), the Rumpel-Leede phenomenon, the presence of "inclusion bodies" in the polynuclear cells of the blood prior to the sixth day, true leukocytosis (an absolute and relative increase of the polymorphonuclears), the rapidly growing cultures, from throat swabs, of the Class cocci, and the "strawberry" tongue—several or collectively will aid in making the diagnosis of scarlatina.

In measles, we have a leukopenia, Koplik spots, the peculiar rash and the catarrhal symptoms; while the marked contagiousness of the disease renders valuable aid in diagnosis. Measles is likely to be mistaken for scarlatina only in special cases. In scarlatina, we get tenderness about the neck, with pain on palpating the submaxillary glands, which are often swollen. In scarlatina, too, the congestive disturbance of the mucous membranes is mainly confined to the pharynx, tonsils and larynx. There is much more photophobia in measles than in scarlatina. In measles, too, there is a much more general catarrhal condition of the upper air passages, with coryza and the characteristic dry, croupy, hoarse, barking cough. The buccal mucous membrane, in scarlatina, as a rule, is of a bright-reddish tint and the uvula is very much injected. In measles, we get a more pale-bluish tint, with a coated tongue (whitish fur), with a few scattered, enlarged, reddened papillæ; the rash in measles does not appear until the fourth day, while, as stated above, the prodromal stage in scarlatina does not last longer than twenty-four hours. The dark-red maculæ and papules of measles, with the slightly cyanotic features, certainly differ from the bright-red punctate rash of scarlatina. The first lesions in measles appear on the upper part of the forehead, on the temples, behind the ears, and on the sides of the neck. Later, the rash appears about the eyes, mouth, and on the chin. In scarlatina, the rash first appears on the upper thorax and neck. Diarrhea is often seen in measles, it is rare in scarlatina, although it does occur at times early in the disease.

Bolognini's "pathognomonic" sign of measles consists of a fine peritoneal crepitation or friction, as if two bottles were rubbed together, when the pulps of the fingers are applied with gentle pressure to the relaxed abdomen, while the legs are flexed. However, this sign is present in other affections and not of much diagnostic significance.

In rubella (German measles) the rash appears first on the face and is very evanescent; it is never entirely confluent, being always "measly" or "spotty" in appearance. Constitutional symptoms, otitis, severe pharyngeal involvement, and albuminuria, are almost unknown in rubella. This is a most benign, short and mildly infectious disease. The onset even is mild and slow and insidious, while in scarlatina it always is sudden. In a report of 150 cases, Griffith found some congestion of the upper portion of the anterior pillars of the fauces, with some swelling of the tonsils, in rubella, and Forchheimer described his small, discrete, dark red (not dusky) papules on the soft palate remaining only about 12 to 15 hours and appearing simultaneously with the exanthem, in rubella. Rehn also observed similar lesions on the soft palate and in the conjunctivæ. In rubella, too, we have adenopathy in 96 to 98 percent of all cases, the superficial or postcervical and the maxillary glands being most frequently involved. The occipital, and the anterior and posterior auricular nodes are frequently palpably enlarged. Finally, in ru-

bella, there are the pinkish macules and papules, very often discrete, but frequently becoming confluent in a few hours; first seen on the face and scalp and next the neck and upper chest; without any tendency to form groups, crescents or clusters (as in measles). Most important of all, the prominence of the eruption varies in different parts of the body; thus, the eruption has already begun to fade on the face before it is fully developed on the trunk, and it is usually nearly gone on the face before it begins to fade on the trunk; also, it is usually nearly gone on the trunk before the legs are involved. This characteristic appearance, of the eruption, on various parts of the body helps to differentiate this disease from scarlet fever and measles.

Erythema Scarlatiniforme Desquamatium
(Erythema Scarlatiniforme, Erythema Scarlatinoides)

There are several grades of this condition, mild and severe. The rash is often almost continuous over the entire surface. In some cases, the rash is of a morbilliform type and, in others, of a scarlatinous form which, at times, is even punctiform in appearance, at first, then becoming a uniform bright pink or fiery-red or sluggish livid-red color. Usually, the attack is ushered in with mild or more severe febrile symptoms. Often, the constitutional symptoms abate when the erythematous blush appears. In other cases, the general symptoms continue for several days after the eruption appears. The rash begins to subside in two, three, or four days with desquamation. Recurrences are frequently seen. The later attacks are usually mild. The rash is not usually quite so general as in scarlatina. The course usually runs from ten days to three weeks. Typical "strawberry" tongue and adenopathy are commonly absent. The anginal symptoms are very slight or entirely absent, and the disease is non-contagious.

Case Report

Charles S., attorney, 24 years of age, male, white. Had scarlet fever when 6 years old. Had attacks of red rash, some itching and swelling and puffiness of head and face, with a trace of albumin in the urine, with some sore throat, in 1917 and 1918; the attacks lasting about ten days. With this diffuse, uniform, red rash, he would also get urticaria, large wheals appearing over various parts of the body. Later, there followed some desquamation. The third attack began early in December, 1919, with itching and burning, swelling of the entire face and scalp, numerous large wheals appearing all over the trunk, back of neck and thighs, with some fever and sore throat. Shortly afterward, a uniform, fiery scarlatinoid (punctate) rash appeared all over the body, particularly marked over the abdomen, neck, and back. The throat was considerably congested, and soreness was complained of. Typical "strawberry" tongue was absent. Throat cultures showed, at first, only streptococci, later, also staphylococci. The rash began to fade after the fifth or sixth day. There was still some eruption over the abdomen and back on the seventh and eighth days of the attack. The urine showed a trace of albumin, spec. grav., 1.013; few red blood cells; squamous, renal epithelia; few pus cells; ammonium urates; total solids 30.3 Gms. per liter; urea 1.3 percent; no acetone, no indican, no sugar, no casts.

Desquamation was a prominent feature of the case, but, it was scarcely noticeable on the hands and feet. At first, the case certainly strongly suggested scarlatina, and this would, therefore, be a fourth attack, if the patient is correct in his description of the attacks of 1917 and 1918 and if the history of true scarlatina (?) at six years of age, had reference also to a similar attack of recurrent erythema.

In my opinion, this was a case of erythema scarlatiniforme desquamativum (erythema scarlatinoides recidivans, or recurrent exfoliative erythema). Carter describes and reports a similar case in a young woman, age 20, who had four attacks. This was Dr. Corlett's patient and shows the difficulty of establishing a diagnosis without reference to the history, and the importance of remembering that the appearance of a characteristic desquamation is by no means always an infallible sign of recent scarlatina. In my case, albuminuria, even, with headache, sore throat, fever, extensive eruption, and marked desquamation occurred in three attacks in 1917, 1918, and 1919. Whether the attack in childhood was indeed scarlet fever or the first attack of scarlatinoid erythema resembling the others, I do not, of course, know. The typical changes seen on

the tongue, from the third to the sixth days, in true scarlatina, were absent in my case, although the edges and tip of his tongue were "rawlike" and congested. Desquamation, in this case, continued for only a few days; when it ceased. In true scarlet fever, the desquamation usually lasts for two to six weeks before it stops.

Recurrent attacks of scarlatina are, as stated, very rare. Holt has never yet seen an undoubted instance of a second attack in the same patient. Kinnicutt reported, in a boy of five years, two attacks within eight months. Pritchard reported a case having three attacks within two years. Henoch only knew of one authentic case of a second attack of scarlatina. Statements by physicians that they have seen two and three attacks of scarlatina in the same patient should be accepted with some doubt because of possible errors in diagnosis and mistakes in the history of the cases.

Most Important to Remember

1. At present, there is no certain test for scarlatina, just as there is no certain test for influenza and a few of the other very common infectious diseases.

2. Many patients are not even sick enough to have a physician, and have only a very faint, unnoticeable eruption, later followed, however, by desquamation. This latter is the best sign we have.

3. If a child has a desquamation of the skin, two or three weeks after a slight attack of illness with slight fever, it usually is safe to say that the child had scarlet fever.

4. The causative organisms of scarlatina are found in the discharges of the nose and mouth, and are not found in the skin, nor in the scales, even during desquamation. The organisms may be present in the discharges from the ear abscesses.

5. The mild cases, the unrecognized cases (with discharges from the nose, throat, ears-abscesses) are the "carriers" that cause most of our scarlatina cases.

6. Scarlatina is transmitted by contact with fresh discharges of active cases or with the discharges of "carriers". The organisms produce the disease in from two to seven days after infection (exposure). Therefore, if a child has been exposed to infection and does not become ill within a week, it may safely be allowed to mingle with other children.

7. One attack of scarlatina usually confers lifelong immunity.

Carriers working in dairies or in milk establishments may contaminate the milk and, so, may help to spread the disease through infected milk.

Prophylaxis

1. Early discovery of existing cases is an important factor in the prevention of the spread of this disease. We know that every case of scarlatina comes from a previous case. Unrecognized cases, missed cases, "24-hour" cases, and atypical cases, are the ones that may be caught if the physicians, health officials, school doctors, school nurses and school teachers will make more thorough and complete examinations. The suspected individuals should all be completely stripped and examined.

2. Prompt isolation.

3. Proper disposal of all discharges and excretions.

4. Protection of school children.

5. Proper treatment at home or in a contagious disease hospital.

6. Public health propaganda.

7. Proper attention to personal cleanliness, and suitable precautions taken by the attendants and those coming in contact with the cases, including the physician.

8. Proper attention to toilet articles, dishes, milk bottles, doorknobs and any other article that may have been contaminated with the fresh discharges.

Disinfection or fumigation after recovery is unimportant. Desquamation is unimportant, except, of course, for the possibility that the skin may be contaminated by the infected or organism-bearing discharges from the nose, throat, and ears. The infective material, in scarlet fever, is found in the discharges from the nose, throat and ears and in the urine and feces. Proper attention to these should be given. It has been shown that ordinary cleanliness is sufficient to render articles free from scarlatina germs and that these germs are not long-lived but are readily killed. Children who live in a house where there exists an active scarlet-fever case must not be allowed to attend school or play with other children, because they may come in contact with the sick child in the house unbeknown to anyone.

[*To be concluded.*]

What Others are Doing

THE "IRRITABLE HEART" OR THE "EFFORT SYNDROME"

As long ago as 1871, the late Professor Da Costa described an affection that he called "The Irritable Heart of Soldiers," and in which palpitation of the heart, cardiac pain, rapidity of heart rate, shortness of breath and nervous disorders such as, headache, giddiness and disturbed sleep, were the dominant complaints. This symptom complex had been recorded by medical officers of the Union Army as occurring with considerable frequency among its soldiers. Similar affections were described by medical officers elsewhere and the problem associated with the "irritable heart of soldiers" assumed decided importance early in the recent war. British medical officers spoke of "disordered action of the heart" ("D.A.H."), or of "valvular diseases of the heart" ("V.D.H."), and it was soon found necessary to devote particular study to the soldiers presenting the symptoms under consideration, which was done mainly by Dr. Thomas Lewis, with the advice of a committee consisting of Sir Clifford Albutt, Sir James Mackenzie and Sir William Osler. In the course of his investigations, Doctor Lewis came to the conclusion that, of the various explanations offered for the affection, that ascribing it to fatigue is the most plausible one, and, in consequence, he coined the clinical designation, "effort syndrome," which has been adopted almost generally, even though it has come to be explained and defined somewhat differently by different authors.

Numerous publications have appeared dealing with the soldier's heart, or effort syndrome, among which the little book by Doctor Lewis himself (reviewed in this journal, November, 1919, page 808) and "The Nervous Heart," by Wilson and Carroll (reviewed in this journal, March, 1920, page, 211) have already been discussed.

In *The American Journal of the Medical Sciences,* Dr. Alfred E. Cohn, of the Rockefeller Institute for Medical Research, presented a highly instructive article, entitled "The Cardiac Phase of the War Neuroses," in which he reviewed the history of investigations concerning the irritable heart of soldiers and, also, the various explanations that have been given for it. Doctor Cohn points out the lesson that the studies, in this respect, of soldiers have for the civilian practitioner, as there are many patients, who consult the physician, showing evidences, more or less complete, of the effort syndrome.

THE TREATMENT OF THE EFFORT SYNDROME

As for the management of this affection, that, often, is very distressing, it so far is very largely tentative. While DaCosta put his patients to bed and gave them digitalis, aconite and atropine, the good effect of drugs has been denied by other men. Graduated exercise was employed, with satisfactory results, and the view adopted by medical officers of the United States Expeditionary Forces, that the irritable heart of soldiers was the expression of a neurosis, led to a plan of treatment consisting mainly in placing the soldiers under favorable hygienic conditions, and occupying and amusing them, or, rather, teaching them to occupy and amuse themselves. Setting-up exercises, marches with the band, round games, tennis, golf, cricket, lectures, picture shows—all sorts of entertainments were resorted to in the attempt to cheer up the mental depression usually existing, and to enable the patient to "find himself" again.

Wilson and Carroll come to the conclusion, on the strength of their clinical observations, that the best tonic in functional heart disease is, thyroid extract. This, by the way, controverts the theory that had been advanced at one time, and according to which the irritable heart of soldiers

had been viewed as an expression of hyperthyroidism. They have found that the tachycardia associated with the affection usually is markedly slowed by thyroid feeding.

While atropine also may be used, the effects are not so good as when thyroid is employed. This use of atropine seems rather peculiar, if it is remembered that the characteristic effect of this drug upon the circulation in man is, a great increase in the rate of the pulse and also an elevation of the blood pressure.

In this connection, a communication by Weaver, Sturgis and Tompkins, to *The American Journal of the Medical Sciences*, for October, 1919, deserves mention. These authors studied the effects of the injection of atropine on pulse-rate, blood-pressure and basal metabolism in cases of effort syndrome. In normal men, there occurred, first of all, an immediate drop in the pulse-rate, which, however, was followed promptly by the characteristic rise, varying from six to thirty beats per minute. As to the blood-pressure, most of the normal subjects showed an increase in the diastolic blood-pressure, while the systolic pressure was so lowered that there occurred a diminution in the pulse-rate.

Strangely enough, there was little difference in the response to atropine injections in the men affected with "effort syndrome." However, they showed especially a greater increase in the pulse-rate as compared with that in the normal men examined. Moreover, this increase in the pulse-rate made its appearance sooner than it did in the normal subjects. The changes in blood-pressure were about the same in the effort-syndrome patients and in the normal controls.

It seems to us that, under the circumstances, atropine is hardly of clearly established value in cases of irritable heart or of functional heart disturbances. We have not had an opportunity to verify the assertion of Wilson and Carroll that thyroid is suitable for the purpose, although in one case in which the present writer employed this drug, the effect appeared to be wholly satisfactory.

PULMONARY SYPHILIS

In *The American Review of Tuberculosis*, for February, there appears an article by Dr. Elmer H. Funk, on the subject of pulmonary syphilis. In recent years, it has been realized that pulmonary syphilis must be thought of in cases presenting the clinical symptoms of pulmonary consumption but in which the persistent search for tubercle bacilli is unsuccessful, and, in accordance with this view, Funk declares that, in his opinion, late syphilis of the lungs occurs clinically more often than is generally taught. The diagnosis is difficult and judgment may have to be suspended until lues has been controlled by treatment, when "apical rales" will clear up with the associated bronchitis, if these signs are due to syphilis. The author reports, in detail, three cases of what he believes were instances of pulmonary syphilis that have come under his own observation. In arriving at a diagnosis, the following points are important: (1) the history; (2) signs of syphilis in other organs; (3) the location of the lesion (syphilis usually involves the hilum areas of the bases), in usually rare locations for primary tuberculous lesions; (4) the persistent absence of tubercle bacilli when signs of advanced pulmonary disease are evident; (5) a positive Wassermann reaction when all tests for tuberculosis are negative; (6) certain roentgenographic features which the author gives in detail; and (7) the response to antisyphilitic treatment.

BOTULISM OUTBREAKS IN THE UNITED STATES

The authors of the article referred to in the next abstract (p. 405) present a review of the literature on botulism in the United States. This trouble is caused by the bacillus botulinus which is present, at times, in improperly canned vegetables and fruits. Some of the information given is reproduced in the following:

Dickson states that, up to October, 1918, there had been thirty reported outbreaks of botulism in the United States, with 104 cases and seventy-three deaths. Besides these, he mentions four unreported outbreaks, with a total of twelve cases and two deaths. There have been at least forty recognized outbreaks of botulism in the United States, with 150 cases and ninety-seven deaths.

Burke has demonstrated that bacillus botulinus occurs in nature under conditions

that are ideal for the contamination of foods such as are canned for human consumption. In certain regions, she has recovered the organism from moldy and bird-picked cherries, pole-bean leaves, spiders taken from bean plants, and moldy hay. The spores are more resistant to heat than has previously been supposed, some of them surviving a temperature of 100°C. for from fifteen minutes to two hours, and steam under 15-pounds pressure for ten minutes.

Dickson, Burke and Ward have investigated the efficiency of certain of the methods for sterilization of home-canned vegetables. They found that the organism survived when the can was placed in boiling water for two hours, and when fractional sterilization, of fifteen minutes, for three successive days was employed. Fractional sterilization, of one hour, for three successive days (providing the cans were tightly sealed during the interval) was successful in sterilizing the food, as was the method of adding over 2 percent of lemon juice to the food and exposing the cans to boiling water for one hour. The toxin is destroyed by light and air, but maintains its virulence for more than six months if it is sealed and in a dark place. It is not destroyed by the gastric juice. It is destroyed by a temperature of 80°C. for half an hour and by boiling.

AN OUTBREAK OF BOTULISM

A report of eight cases of poisoning due to the bacillus botulinus, caused by eating ripe olives, is given in *The Journal of the American Medical Association* (Jan. 10, 1920). It occurred at Grosse Pointe, a residential suburb of Detroit.

The olives were served at a formal dinner, October 18th, 1919, and there were present, the host, hostess and six guests. Of these, one escaped entirely, two were slightly affected and five died.

Difficulty of vision was the first symptom in five cases and vomiting in two. The symptoms began within twelve hours in one case, twenty-four hours in one case, sixty hours in one case, and seventy hours in four cases.

The gastrointestinal symptoms consisted in vomiting and moderate general abdominal pain. Death occurred much more quickly in patients showing gastric symptoms. They had eaten more of the poisoned food than the patients showing only neurologic symptoms.

The third, the fourth and the sixth nerves were involved early in every case. There was ptosis of one or both eyelids, diplopia and paralysis of one of the ocular muscles and, in two cases, the right external rectus was involved. The paralyses involving the ninth and tenth nerves were the most distressing features and occurred in every case. The difficulty in swallowing appeared shortly after the disturbances of vision, and, sooner or later, complete paralysis ensued. Strangling generally followed attempts to swallow. There was an annoying accumulation of mucus in the pharnyx and larnyx which the patient could not expel.

Treatment: 42 mils of antibotulinus serum was administered in one case, forty-eight hours after the initial symptoms. It did not affect the disease. Another patient received 10 mils of antiserum intravenously, forty-eight hours after the initial symptoms, and, twelve hours later, 12 mils was given subcutaneously. Her illness was very mild and it cannot be stated that the serum had any influence on her recovery. To be of any value, the serum must be administered very early. Gastric lavage, free catharsis by castor oil and enemas, sedatives, supportive measures, and, in the subacute cases, feeding by the stomach-tube, are indicated.

DO MOVIES HURT THE EYES?

Ever since the movie fan "growed", ophthalmologists and others have accused the movie habit as being responsible, first, for eyestrain and, indirectly, for various other discomforts and ailments that stand in relation more or less closely to eyestrain.

While it is true that some people experience a certain amount of eyestrain at a motion picture, in these cases, the trouble appears to be due to an ocular defect rather than to the motion picture. Such persons should, therefore, have their eyes examined by a competent eye specialist, for, it is quite certain that the same person would find even more discomfort in the same period of concentrated reading.

In this connection, it may be pointed out, declares a "Health-News" letter, issued by

the U. S. Public-Health Service, that employes of motion-picture playhouses, who spend a large part of the day looking at the pictures, do not seem to be troubled with their eyes any more than the average individual. This is largely a personal observation since no extensive investigations have been made of the eyes of motion-picture-theatre employes.

It is safe to say that a person may witness a picture play lasting about an hour and a half each day without straining the eyes or experiencing any discomfort, provided the eyes are good and there are no hidden defects to the vision. Indeed, it is not unlikely that a motion-picture show might be the means of advising one of a faulty vision.

In case of eye trouble coming on after concentrating the eyes on the printed pages of a book for a long period, one does not blame the book, but thinks at once of the eyes and the probable need of glasses. Eye discomfort in the movies should therefore be regarded as a danger signal and should lead the sufferer to the doctor's office for an examination.

ENDOCRINES IN GYNECOLOGY

Bandler (*N. Y. Med. Jour.*, Feb. 7, 1920) impresses the fact that the endocrine glands are interdependent; that all have more or less a bearing on the generative functions of woman. The ovary is not alone, nor supreme, in its influence. For instance, amenorrhea occurs physiologically during lactation; in this instance, it is due largely to the inhibitory action of the mammary secretion. The pituitary has its effect also and hyperactivity may be the cause of dysmenorrhea and of frequent miscarriages in the female whose endocrine chain is vulnerable at certain points; as well as of fibromyoma. One must realize this fact in order to prescribe the glandular extracts intelligently.

Physical health is conditional on the integrity of the whole chain of endocrine structures. The several glands are correlated and, to an extent, opposed one to the other, each acting as a check on the activity of its copartner. Disease or extirpation of any one of the chain, resulting in lack of secretion on its part, exposes the organism to the full unimpeded effect of another glandular secretion (toxemia); the removal of the check obviously results in a relative hyperactivity of the opposing gland. The author traces perversion, alcoholism and other morbid states and tendencies to a faulty endocrine system, either inherited or acquired. Alcoholism thus becomes a symptom of abnormality. Hyperactivity of the gonadal glands may result in exaggeration of the sex impulses, whereas, on the other hand, a rather low trophic stimulation of the genitalia, or a dominance in the endocrine chain of such glands as inhibit stimulation, will, therefore, have the opposite effect, ending in frigidity.

Pregnancy has a tonic effect on many women. Still, it puts a great strain on the endocrine chain, and postpartum asthenia may be one of the consequences; the proper therapy in such a case necessitates support for the associated glands, but, most of all, it is the whole suprarenal extract that is of value here, with anterior pituitary as an addition.

In many patients with hysteronervous symptoms, the cause is likely to be, hyperactivity of the thyroid. Or, when there is minus thyrodism, or underactivity of the gland, we may have depression, melancholia and asthenia. Thus, pluriglandular involvement always must be borne in mind as a possibility.

A person is as good as his endocrine relation and the task for the physician is, to put it in order if possible. Some are born with so stable an endocrine relation that nothing can change it; others are born with endocrines so unstable, or deficient, that nothing can elevate them to normal. Most persons, though, have a more or less stable system capable of being affected for better or worse. The therapy consists (1) in giving those extracts of which the body is producing too little; (2) if the body is producing too much of any one extract, in giving others that will inhibit their action.

Let's Talk it Over

Scientific Food Preparation

1. Introduction

COOKING always has been regarded as an art to be learned by practice, an art in which Mrs. Newlywed often was amusingly unskilled, sometimes seriously so, but, in which mother was delightfully adept.

Schools of cooking there were then, sometimes, offered as much as a week's instruction in the art, and cookbooks (they could hardly be called textbooks, since they were devoted merely to telling how to make up "dainty dishes") sometimes attained large proportions as their component elements increased to "fifty-seven varieties," never, though, because of consideration of any of the underlying principles of nutrition or of the chemistry that are basic for scientific food preparation

That an art should flourish so long, should be recognized as almost indispensable, as suggested in the familiar saying that "Man can live without books but not without cooks," without even the beginning of a science, this is not at all strange when we consider that, even today, the average person (including the average physician, it may as well be admitted) gives very little thought to the wholesomeness of the food he eats.

But, now that the highest medical authority has decided that cancer (cancer of the stomach, at least) is due to bad food preparation, as The American Medical Association did, at its San Francisco meeting, in 1915, following the announcement of Dr. William Mayo, as President of the American Surgical Association, to that effect, and the report of the distinguished statistician, Bertillon, to the French government ("Something in the diet"), the time seemed ripe for the establishment of a science of food preparation—a term of much larger scope, by the way, than "cooking."

That some knowledge of the chemistry of cooking is as important for the cook as a knowledge of antisepsis is for the surgeon, is seriously hinted at in a dispatch from Paris, May 17th, 1919, reporting that Doctor Chantemesse, medical expert on poisons, and commissioned by the government to investigate the case of poisoning of thirty-eight guests at a wedding supper at Cholet, ten of whom died within two days, says that custards, as ordinarily prepared, are "extremely dangerous" and that he has observed seven hundred cases of death from poisoning from custards within six years.

Acute indigestion, often terminating in heart failure, frequently is due to poisoning from food prepared without reference to chemical principles or to the principles of combination of foods.

During the recent epidemic of influenza, it was determined, as reported in the *Boston Medical and Surgical Journal,* that the largest factor of communication of the disease, in the camps, was the mess kit. Yet, the average hotel kitchen and dining room are conducted without any regard to the likelihood of communicating disease.

The professional French cook recognizes the importance of a certain order of courses, chiefly on account of the influence of the different foods upon the digestive secretions. A knowledge of the principles of food combination is essential for the best results, in the feeding of the sick, especially.

Unscientific cooking, which ignores the effects of high temperature in producing chemical changes in food, and the inconsiderate mixing of such incompatibles as bread and sour milk, beans and tomatoes, fleshmeat and milk at the same meal, is a serious handicap in the treatment of the sick. These principles have been demonstrated so fully that no reasonable person fails to accept them after due consideration of the evidence that will be presented.

In a recently published interview, telling how he keeps fit for his work as the head

of the largest periodical-publishing house in America, C. K. Curtis says: "Certain foods, good in themselves, play havoc with the driving parts of the human machine when mixed." If it is necessary to conserve vitality for industrial work, it is doubly necessary to conserve the vitality of the sick by avoiding undue waste from bad food preparation and bad food combination.

In the next instalment, some interesting and valuable suggestions will be given on "Some Good and Bad Effects of Conventional Practices in Food Preparation."

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2. Good and Bad Cooking

"I have come to the conclusion," said a young doctor to his father, in whose professional footsteps he had been following for a short time, "that half the ailments we are called upon to treat are due to bad cooking," "And," replied the veteran, "I think you will discover, in time, that the other half is due to good cooking."

A good cook generally has been understood to be one who could make food palatable, like the good salesman, according to the proverbial methods of the Jewish merchants, who could sell you what you didn't need.

Palatability, attractiveness to eye and taste, are important requirements of scientific food preparation; but, its prime requirement is wholesomeness.

Often, spoiled food is made seductive, in appearance and taste, by garnishing and spicing and seasoning; while a large part of the good food is more or less spoiled by the conventional methods of preparation, which disregard almost entirely the demands of health and efficiency except that of making the food attractive.

Charles Lamb tells us that cooking was discovered accidentally by a Chinaman who happened to taste the flesh of a pig that had been roasted in his hut while this was burning down. Too much firing of food is being done and, especially, too much roasting with fats.

Most of us who have spent much time in the investigation of diet, including the one-hundred experts of the Life-Extension Institute (with whom, however, we can not wholly agree), advocate the use of a large proportion of uncooked food; yet, seldom can any food be safely used without some preparation. Fruit, for example, is best eaten uncooked; although, under certain conditions, baked apple is to be preferred to the uncooked. Yet, hardly any fruit, excepting oranges and bananas, is fit to eat raw (that is, unprepared); while cabbage, lettuce and some other green vegetables, although they are best uncooked, seldom are safe to use unprepared.

The most serious error in the preparation of food is, however, the preparation of made dishes without any reference whatever to principles of food combination, an error almost as serious as would be the compounding of drugs without reference to the dangers of incompatibility as will be readily admitted, the writer believes, after an explanation of the principles of food combination, with an adequate description of how he has developed these principles during the past twenty years.

A striking example of the superiority of scientifically-prepared food is seen in the superiority of buttermilk, made from the whole milk and rennet, which is valuable in many cases where the raw milk would not be tolerated, the reasons for which will be explained when we come to consider the care and preparation of milk.

A rudimentary knowledge of the principles of scientific food preparation should enable any one to determine the question that was strenuously debated in London, in Chicago and other cities, a few years ago; namely, whether milk is better for being pasteurized. Still, many able physicians were opposed to it; and, that, not without good reason.

Cereals must be the largest element of our food, for centuries to come, perhaps; yet, in the preparation of this class of foods, there is much depreciation of nutritive value, as will be clearly explained in due time.

THOMAS J. ALLEN.

Eureka Springs, Ark.

TO SHAVE OR NOT TO SHAVE

In my medical course, I remember hearing a European specialist say in regard to shaving: "Gentlemen, if you interfere with nature, you pay for it." But, I am unable to find any scientific investigations of the question. I am seeking, therefore, facts and opinions from physicians. Will your readers kindly answer, *as soon as possible*, the questions below? In my report, I may refer to you by name, but, only with

your permission. Kindly let me know your wishes in the matter.

1. What are the principal injuries to the skin that come from shaving; and the main reasons therefor?

2. What are the general advantages in growing a beard; and the main reasons therefor?

3. To what extent are the beard and moustache a protection to the face, nose and throat from the incidence of disease in these organs; and the main reasons therefor?

4. Does the habit of shaving increase the chances of neuralgic and other troubles of the face; and the chief reasons therefor?

If you prefer, the reasons can be given briefly, but, I should be glad to have you write as fully as you can. Also, please mention any pertinent facts and opinions not covered by the questions. I thank, in advance, all those who will kindly assist me in this inquiry.

ARTHUR MACDONALD.
Washington, D. C.,
100 E. Capitol Street.

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[Doctor MacDonald has some remarkable authropological studies and publications to his credit and is a scientist of note. The question whether to shave or not to shave may have to be solved in accordance with the results of the inquiry that he has inaugurated. We trust that all those of our readers, who may have definite data on the question, will communicate them to our correspondent.—ED.]

PILOCARPINE AS A GALACTAGOG

I used to be worried greatly when the mothers of newly born infants "hadn't enough milk" for their babies or when "the milk left them" when they got up. It necessitated putting the baby on the bottle and that meant a month or two of worry and anxiety, child not doing well, increased susceptibility to infection, and similar worries; as well as the nuisance of scalding bottles and teats and hitting the proper mixture for the child.

Now, I have no more worry. If the mother has not enough milk, I simply put 1 grain of pilocarpine nitrate in an 8-ounce bottle, a little coloring (cochineal or caramel), fill up with water, and give a tablespoonful of this, 3 times daily, after meals. Later on, half-doses may be enough. I also insist on it that the mother, herself, drink enough milk or buttermilk and that she rest as much as possible—reclining on a couch whenever she can and as long as she can. Now, I have no bother at all and my young mothers almost all make the joke that they are thinking of starting a dairy.

Insufficient secretion of milk is a very common trouble with civilized women and the treatment with pilocarpine is of the simplest; moreover, as far as I know, it is absolutely harmless.

Lots of doctors must be annoyed with this feature of obstetric practice. Let them try pilocarpine and their troubles will be at an end.

In obstetrics, I try to make no vaginal examination. With the stethoscope, I locate the heart. If I am not sure, I give an enema and make a rectal examination. I wear no rubber gloves but dip my fingers in tincture of iodine—after a thorough scrubbing up, of course. I paint the umbilical cord with iodine and wrap it up in cotton wool, dry.

I do not have the baby washed in water. telling them to keep the baby away from soap and water for at least two weeks. Use warm olive oil. It's far better.

By the way, I have just bought a jewelers' alcohol lamp. It's a dandy for urine testing. Beats the ordinary spirit lamp with its very fragile glass top.

ROBERT W. AULD.
Claresholm, Alberta.

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[Doctor Auld's success in the use of pilocarpine as a galactagog is interesting, in view of the fact that, while jaborandi and its active principle, pilocarpine, appears to have a remarkably stimulating influence upon the secreting glands, almost throughout the whole body, this action does not appear to include the mammary glands. At least, Cushny, among others, asserts that the secretion of the milk is not increased by pilocarpine. On the other hand, Shaller ("Guide to Alkaloidal Medication") says: "As this remedy increases the glandular secretions, it may be used to advantage in cases of suppression of milk, or even where the secretion is scanty. Four granules [gr. 1/64 each.—ED.] given every three hours will frequently restore the

flow of milk, or, in cases where the supply is insufficient, the quantity will be augmented. In these cases, in conjunction with the administration of pilocarpine, the patient should be given the best nitrogenous diet possible, as, meat, milk and eggs."

This is in keeping with the finding of Kobert, according to whom pilocarpine stimulates the peripheral nerve endings and, probably, the cells of almost all true glands.

Whether the refraining from making vaginal examination during labor is wise or not, is a question concerning which opinions vary. Personally, we should dislike to take the responsibility of conducting a case of labor without ascertaining how the "land lies". However, to make a rectal examination without wearing rubber gloves, even though the fingers are dipped in tincture of iodine, seems to us taking unnecessary risks. The tincture of iodine, while a very good surface antiseptic, still does not act with that lightning rapidity that seems to be associated with it in the minds of some physicians. However, if the doctor will but study this matter carefully, we venture to say that he will be convinced. Let him make a rectal examination according to his custom; then, scrub his fingers and hands carefully, also according to custom; then, dip them into tincture of iodine, and, after a suitable period of exposure, take scrapings from the fingers and especially from beneath the finger nails, and culture them. We are reasonably certain that he will find at least colon bacilli and probably various other facultative pathogenic germs grow. If we are correct in this, the making of rectal examinations, without wearing rubber gloves, is risky, to say the least.—Ed.]

GOOD LOCATIONS FOR PHYSICIANS

Dr. J. S. Foster, Seligman, Mo., has a good location for a wide-awake physician, as he wishes to retire on account of age.

Seligman is at a junction of two railroads; has about five hundred inhabitants. A physician going there can go right into a practice of $2,500 a year. The country roads are fairly good, suitable for automobile riding the year 'round. Doctor Foster will sell his house and office for $3,500.

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Dr. George H. Richards, Clear Lake, S. D., is leaving a good location which can be had at a reasonable price. He, himself, is locating in the city. His practice yields $8,000 per annum, Clear Lake being a county seat, with population of one thousand. The office, with apparatus and fixtures, invoices at $3,000, and is for sale. There also is a modern nine-room residence, the purchase of which is optional.

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Dr. E. M. Ripley, P. O. Box 369, Unionville, Conn., desires to retire from active practice which he built up in that place since 1876. Unionville is pleasantly situated in Farmington, County of Hartford, and has trolley service, electric lights, water, good roads. The practice yields over $4,000 a year. "A live man, of alkaloidal bend and a fair surgeon, could easily secure a six- or eight-thousand dollar practice with no other effort than attention to business." Office fixtures are insured for $1,200. Doctor Ripley will turn over office and contents with good will and introduction, to a good man, for $2,000 in cash.

The town has about two thousand population, and a good surrounding country of well-to-do farmers. There is only one competitor.

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Dr. A. Howard Young, Dubois, Idaho, has been in his present location for three years. Except for one other physician, there are none within forty miles.

Dubois is a railroad division; one thousand population; county seat. Irrigation, to be established soon, will bring large stretches of land under good cultivation. Roads are good. Doctor Young desires to get out of practice and wishes to correspond with some good man who wants a good country practice.

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Dr. Philip A. Kennicott, Woodbine, Kans., has a drug store and practice for sale. The town has about three hundred inhabitants; on a railroad, with wealthy farming district. Plenty of business, also churches and good schools. Electric light.

The drug store has a good business; the stock invoiced at $2,600 the first of the year. Building, fixtures and stock are held for $3,500. The practice, which goes with the store, had a net income, last year, of about $3,000. Collections, ninety-nine percent. There is no other drug store within ten miles. One other physician in the town gives a competition that is "just right." The owner wishes to retire and is willing to make easy terms.

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The Reverend Walter E. Lanphear, at Chaplin, Conn., asks physicians looking for a country location to correspond with him. He says that there is a large territory on the trunk-line state road from New York to Boston, and he will be glad to give particulars to inquiring physicians.

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Dr. L. E. Bratt informs us that a good location for general practice in Roanoke, Ill., is for sale. He may be addressed now at Room 22A, Nolting Block, Elgin, Ill.

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Dr. O. M. Chapman, Hampo, La., writes that Mamou, Evangeline Parish, La., is in

need of physicians. It is a town of twelve hundred people, located in the center of the Parish. There are good roads, the country being level; the climate that of southern Louisiana, wet in winter and spring. The nearest competitors are twelve and fifteen miles distant, except that there is one other physician in the town which could easily support three or four. The people are largely French. They are rice farmers and cattle growers with large land holdings. Doctor Chapman is convinced that a good man, who can do things and doesn't mind work, could do well.

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Dr. R. E. Wilson, Davidson, Okla., knows of a good location at Elmer, Jackson County, Okla. Up to one year ago, there were two physicians there. Now there are none. Elmer is a small town of five or six hundred population; a good school; desirable citizenship; on the railroad. The people are desirous of getting a good, hustling physician. A paying practice is assured from the start.

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Dr. Chas. E. Davis, Hotel Goodwin, Cassopolis, Mich., will sell his completely furnished home and office, at Eureka Springs, Ark., at a good bargain. His place is beautifully located for a small hotel or hospital, and the doctor knows of no better location than that vicinity for a large institution like that of the Brothers Mayo, or for a sanatorium.

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We are glad, indeed, to give this exchange service to our readers, and hope that these localities in which physicians are wanted may soon be supplied. These and the locations referred to in May (p. 339) comprise those on our list. However, it will give us pleasure to receive information of other openings and, also, we will try to put physicians looking for locations in touch with suitable opportunities.

REMARKABLE SURGICAL EXPERIENCE

A surgeon friend, in far away Texas, related to us, in a personal letter, the history of a case that was so unusual that we take the liberty of reproducing it here.

The doctor says that he had a patient who had a gunshot wound that went into the abdomen, the bullet entering an inch to the left and just below the ensiform cartilage, penetrating the left lobe of the liver and the base of the diaphragm, then passing through the thoracic aorta and lodging in the muscles of the back. The man lived forty-one days, although he was under this doctor's observation only during the last two days.

This was a murder case, in New Mexico. A physician had wantonly shot his brother-in-law for the life insurance and property, a will having been made in favor of the victim's sister, who was the doctor's wife.

There was not much manifest hemorrhage, but, the home physician thought that he ought to extract the bullet that was lying just beneath the skin, to the left and slightly below the twelfth dorsal vertebra. This ill-judged and meddling bit of surgical intervention infected the clot, with the result that it disorganized and the patient commenced to bleed.

Thereupon, he was shipped to the Texas physician, by train, a distance of two hundred miles. The result of this strenuous railroad transportation was inevitable. The wounded man died two days after arriving at the hospital.

On postmortem examination, there was found an opening through the thoracic aorta, still patulous, about the size of the little finger, both in front and behind. The muscular ligamentary structure of the diaphragm undoubtedly valved it in front so that there was no leakage there. A circumscribed, organized clot occluded it behind, and trouble did not occur until the infection had set in.

The posterior orifice in the aorta had broken down, with the result that hemorrhage occurred into the thoracic cavity.

The remarkable point in this report is, that there was a double puncture in the aorta, a very serious injury, indeed, and that, despite this grave trauma, the patient lived forty-one days. We are justified in speculating as to how long his life might have been prolonged if it had not been for the sepsis following the extraction of the bullet.

SWEET OIL—COTTONSEED OIL

During the last few weeks, one of the departments of Armour and Company, Chicago, noticed that large quantities of their salad oil were being purchased by druggists throughout the country to a large extent. On investigation, it was found that the oil was being used for dispensing as sweet oil; also in the making of creams, lotions, and similar preparations.

"Salad oil" is one of the purest products made, being manufactured entirely from cottonseed and highly refined. It

has a mild, sweet flavor. Perhaps, the increased cost of olive oil may have had something to do with the more general adoption of cottonseed oil.

This salad oil is now refined by a process vastly superior to the methods adopted some years ago. We understand that this oil is smokeless at a temperature of 510 degrees, and that, during one of the final tests, one of these vials was buried in cracked ice and salt for five hours, and, when removed, was absolutely clear.

It is quite probable that the expense of linseed oil, olive oil, and other oils may cause successful experiments with cottonseed oil in industries, arts and sciences.

Of course, there can be no earthly objection to the use of cottonseed oil under the name of "salad oil", as a vehicle for creams, lotions, and so forth, or as an article of food, providing only that it be not sold or labeled as "olive oil," and that no suggestion be made that it is olive oil.

Clinical tests, made some years ago, showed that cottonseed oil possesses considerable food value as a vegetable fat, and the more extensive employment of it in recent years indicates that the results of those investigations were correct. Anyway, the findings of Armour and Company are interesting and may well be kept in mind.

THE VALDEZ HOSPITAL

A few weeks ago, Dr. Joseph A. Silverman, of Valdez, Alaska, sent us a copy of *The Pathfinder*, which is a monthly publication "devoted to the welfare of the Pioneers of Alaska."

In the February issue of this publication, there is a brief article about the Valdez Hospital that possesses considerable interest, and we take pleasure in reproducing it herewith. *The Pathfinder* says:

"Very few people realize what good health is until it is gone. Then they feel that, if only they could call it back, they would be willing to give up all else of their earthly possessions.

"So it is with a good physician and surgeon with a hospital equipped to treat any kind of ailments that the human flesh is heir to. Valdez has been unfortunate in many things but, still, it has one of the most efficient physicians in all Alaska, with a hospital fully equipped with every modern appliance for surgery and the care of patients. The people of Valdez should appreciate that, for, they will miss it if they ever lose it.

"Here is given a picture of the interior of the hospital—not so large and magnificent as some, 'tis true; yet, it is complete in every respect. The operating room is equipped with all the appliances necessary for almost any surgical procedure required. It has the latest x-ray machine used by the profession, with ultra-violet ray apparatus, and a complete laboratory equipment. Rooms for convalescents are furnished in every way for the comfort of the patients, the chief aim always being for the very best sanitary conditions. The patient is made to feel at home, for, the nurses live in the hospital and the superintendent has his home there. The food of the patient is carefully prepared in the building and administered in such a way that no evil accidents may occur to retard a speedy recovery of the patient.

"The structure itself was built especially for use as a hospital. It is a two-story building, has pressed steel walls underlaid with asbestos, making it absolutely fire-proof.

There are five rooms for patients, cold and hot water, bathrooms, elaborate culinary department, each and all of which are as sanitary as science can make them.

"Doctor Silverman's efficiency as a surgeon needs no mention here. His seventeen years of practice in Alaska, especially during the great Katmai crisis, and his distinguished services in the Army Medical Corps convinced, not only the Government. but the people of Alaska as well, that there are few equal to him in efficiency and courage. He is a graduate of the very best medical schools in the country and has kept fully abreast of the times by taking postgraduate courses at Heidelberg, Paris, London and Vienna.

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[This appreciative "write-up" of Doctor Silverman's hospital is as well merited as it must be pleasing to our good friend. Practice in far-away Alaska naturally entails many hardships and deprivations. Yet, the knowledge that his services are valued, that he enjoys the confidence and the affection of the community makes up to the true physician for all that he has to miss even at the edge of civilization. By the way, we hope that the good doctor soon may find time to write an article for CLINICAL MEDICINE regarding his work out there.—ED.]

EUREKA SPRINGS, ARKANSAS

Recent issues of CLINICAL MEDICINE contained requests for information as to suitable or desirable openings for doctors, also, extra good localities where they could spend two or more weeks of vacation, having good roads and hotels at reasonable rates. I can assure you that you cannot find all these conditions together better, if as good, anywhere than at Eureka Springs, Arkansas, on the through autoroad from Winnipeg to New Orleans, known as the Jefferson Highway. You could go via St. Louis and hit the highway anywhere between Kansas City and Joplin or Mosho. I have, often, thought and believe from my thirty-five years' experience there that, had Doctor Waugh (and others) heeded the "hot air" I wasted there and gone to the springs, and stayed there most of his time, we should now be having the benefit of his medical genius with years of usefulness still ahead. Chicago's climate and business are all right during one's prime, but, after Osler's "chloroform age", men stay at their hazard and usually lose out. The change to Florida, Texas, and the Gulf States involves too great a difference of climate for aged constitutions to stand the transplanting.

Doctor Lanphear is only one of several I knew, who made that mistake. I always have regretted the untimely death of Dr. W. H. Byford and others, back there, whom I knew when I was in practice there, from '74 to '81. Most of them died prematurely under strain, and, there are hundreds now following directly in their road.

As to an opening at the springs, there is a slight boom on, I hear, and the place is rapidly coming into her own. Personally, I have retired from practice, principally owing to the condition of my wife's health. We came up here, in January, 1919, for a 6 weeks' visit.

She was taken too ill at this hotel to be moved home again and she gradually failed, from pernicious anemia, and expired on the 7th of April, over 73 years old, leaving me "in the air" as to plans but with a completely furnished home and office at Eureka Springs, any or all of which I will sell at a great bargain as I cannot bear to go back and live in it. The house is finely located for a small hotel or hospital and I know of no better location than that vicinity for a large sanatorium after the style of the Mayos.

All natural conditions are ideal while location and patronage cannot be excelled anywhere.

I gave up my ambition for a sanatorium, years ago, and sold my interest in the large tract of land, feeling that I had earned a rest. I should, however, be greatly pleased to see that place utilized for what it is so signally fitted. If any physician is at all interested, a postal card to the Commercial Club at the Springs will bring up-to-date literature.

CHAS E. DAVIS.

Cassopolis, Mich.

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[We sympathize with Doctor Davis in his great loss, and wish we might be able to say something that would help to comfort him.

As to the location, at Eureka Springs, Arkansas, the Doctor's description is at-

tractive. Possibly it may be just what some reader of CLINICAL MEDICINE is looking for. If so, we wish him every success. —ED.]

HOW THE GENERAL PRACTITIONER CAN TREBLE HIS INCOME

The present is an unjust social system. It teems with injustice, inequality, hypocrisy and crime. It is the creation of man and bears the stamp of imperfection on every hand. For stealing a railroad, we send a man to Congress; for championing the rights of the masses, we kick him out of it. For organizing a fake corporation and defrauding the public, we house him in palaces fit for princes; for walking the straight and narrow path, we reward him with a measly wage, salary, or income and an early death or disgraceful old age.

These things seem inherent in the constitution of the present social system. But, what is worse, is that we learn to think they are right because they seem plausible and "natural." We grew up in the midst of these things and knew no other; also, both church and state sanction the arrangement as right and legal.

These things are wrong, terribly wrong. No man in the world should receive $500.00 a day as long as there is a useful man in the world receiving five. No such difference exists among men either in brains, power or genius, although it is often assumed, and, therefore, no such reward should be permitted. There is many a section hand on the railway that has more native ability than many a railroad president.. Many a backwoods country practitioner is more capable, and more useful, and a good deal less harmful than many a surgical highbrow that I have seen do bungling surgery in metropolitan hospitals.

We as a profession, or the hod-carriers of the profession, that is, the general practitioners who constitute the majority of the profession, cannot change the social system; but, we can change, to a considerable degree, the conditions relative to our work that will enable us to share more equitably the fruits of our own labor with the privileged class, namely, the specialists. The general practitioner nowadays gets his board and keep and so does the wage-worker, the hod carrier. Both do the hard work, the disagreeable work and the long hours of work. On the other hand, the surgeon, be he general or special, does the easy work, the agreeable work and the least amount of work and obtains an income sufficient for kings and princes.

We are to blame for this state of affairs. We have educated the people to put a big value on the services of the man that styles himself "specialist" and a ridiculous estimate on the services of the man who does the real work for the people—the general practitioner. The former does four or five operations a day in as many hours for instance, possibly some of them unnecessary and some even criminal, and gets perhaps $500.00 and the gratitude of the victims; the latter goes on duty for 24 hours a day for an average sum that a mechanic or a good farmer will not accept. A hod-carrier class of practitioners receiving wages on the one hand, and a privileged specialist class enjoying fabulous income, on the other hand, both within the same profession!

In the industrial world, such conditions obtain by virtue of the private ownership of productive property by a privileged class enabling the latter to exploit the propertyless class. That may be easily understood. But, it is not quite so plain why a socalled class of specialists, exhibiting nothing but a suite of rooms, a good automobile, and a starched shirt, many of whom do not even own the tools they work with, should exact so exorbitant a share of the general income of the profession? All of these men are made of the same timber and have the same feet of clay as the general practitioner; in fact, nearly all of them have been general practitioners which in itself proves that a sudden change of front is no excuse for such wide variation in income.

The remedy. For the present, the remedy is plain. Let the general practitioner do the work the specialist does and do it for half the usual fee, and his income will treble. Cease to be a sign post pointing the way to different specialists. No, I do not mean that you should pose as a specialist but, simply, that you do your own surgery, or most of it, both general and special. Do not let the long array of specialties frighten you. The fright is mostly in the name, not in the work. You have learned asepsis, you have learned anatomy, and you have learned how to check hemorrhage. Well, that is the foundation of surgery. You can amputate a pile, enucleate a tonsil, remove a turbinate, deliver a cataract, repair a

perineum and exterminate an appendix, a gall bladder, a tube, an ovary. An office girl can do most of the refraction work and that is the greater portion of the work done by an opthalmologist. If you cannot do these things, go and learn how to do them. It is not necessary that you begin with gastroenterostomy. That is never really necessary except in those rare cases of actual obstruction. Do not do a decompression operation till you have developed skill and self confidence. Let the specialist do these and other operations; that is his legitimate field. It is your legitimate field to do the major portion of the work he is now doing for you and, thereby, to share with him his income.

This will sound like heresy to the self-styled specialist. He has lived on his special privileges so long that he has almost come to believe them a divine right. As long as he believed that it was only a special privilege conferred on him by the general profession, he was tolerant and would meet the medical hod-carrier half way, recognizing him as a brother practitioner. But, as soon as he prospered in his privilege, and grew fat and sleek, he became like his capitalist brother in the industrial world, autocratic and greedy. And, like his prototype in the industrial world, his greed is about to lose him his special privileges.—Russia is a good example.

M. Shadid.

Carter, Oklahoma.

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[Doctor Shadid informs us that he is looking for a partner. He can offer splendid chances for gaining experience to a bright and industrious young physician.—Ed.]

VENEREAL PROPHYLAXIS

I was much interested in Doctor Burrows' article on venereal prophylaxis in this month's issue (May, page 335).

I spent twenty-seven months in the service, here and in France. I am not a physician, but, the army's methods in the prevention and treatment of venereal cases struck me as at once crude and criminal. Why the army clings to its outdated and benighted prophylactic methods, I do not pretend to understand. The idea back of it apparently was, to wait until the individual became infected and, then, treat him. Why it could not impart the simple instruction of the application of a soap solution, as suggested by Doctor Burrows and found efficacious by others, and which must have been known to them, is a mystery to me. It would have saved thousands of men from infection, it would have saved expense, it would have kept these men on duty instead of in hospitals, and it would have reduced venereal cases in the army to an absurd minimum.

As Doctor Burrows points out, the administration of prophylaxis, in the army, was in many cases too late to save the infected soldier when he did apply for it. But, thousands of men who exposed themselves to infection never did apply for it because the application of the preventive treatment was, in a great number of cases, a joke and an insult. I know of instances where the men intrusted with the work deliberately, for their amusement, made the injection so strong that men would faint upon taking the treatment. This is only one of many instances of like inefficiency and incompetency. [Call it criminal brutality that should be punished severely.—Ed.] And, the result was, that thousands of men, who could have been saved from infection, if the Army's medical corps had been alive to its responsibility, suffered the humiliation of becoming infected. The army was the loser in the end.

William Lobdell.

Chicago, Illinois.

CALCIUM SULPHIDE*

As a Preventive of Sea-Sickness

What is the cause of sea-sickness? In his work "The Prophylaxis and Treatment of Internal Diseases", Forchheimer says: "While it may be accepted that psychical influences may have much effect in causing this trouble, I think the fact that no one is immune must be accepted as proving that this is not its primary cause." Again, he says: "The prime cause lies in the motion of the vessel which causes improper afferent impulses from the muscles of the stomach, the eyes and, occasionally, in other ways; yet, whatever view we may take of the contributory causes, the essential thing

*Read before The Clarkdale and Six Counties' Medical Society.

is, to see to it that a trip upon the water is undertaken by the individual in the best-possible condition as to his gastrointestinal tract."

We all know that lime and sulphur are among the oldest and best disinfectants we have. I am a strong believer in intestinal antisepsis; hence, I believe that, if one has the system in good condition, an intestinal antiseptic will help to keep it in that condition. Accepting Forchheimer's theory as to sea-sickness, I hold that, if people will get their system, especially the whole intestinal tract, in a good condition and then take an intestinal antiseptic, they will escape most diseases, among others, sea-sickness.

I have had an opportunity of trying calcium sulphide as a preventive of sea-sickness on four persons, and, with the very best results. The first was a man about sixty years of age whose business called him to the Island of Santo Domingo, which is a ten days' ocean voyage from New York City. This man never had taken an ocean voyage at any time. I instructed him as follows; thirty-six hours before sailing, to take a thorough purge of calomel and podophyllin, that is, "clean up and clean out" the entire intestinal tract; twenty-four hours before sailing, to take a 1-grain calcium-sulphide tablet every four hours during the day and continue this until after the third day of his voyage. He made the trip without a symptom of sea-sickness. On his return, several months later, he followed the same course with the same good results.

In January of this year, three ladies, a mother and her two grown daughters, were preparing to make the trip from New York to Santo Domingo and they asked me to give them something to prevent sea-sickness; as the youngest daughter suffered with car-sickness whenever she was on a train for ten or twelve hours, I had serious doubts that the remedy would benefit her. However, I gave them a supply of 1-grain calcium-sulphide tablets with the same instructions as those given in the first case mentioned. I received letters from them, after their arrival in Santo Domingo City, in which they said that they were not sick in the least at any time, in fact, they did not miss a meal during the ten days' voyage. The one who is subject to car-sickness wrote me that, whenever she felt as though she might become sick, she took one of my "little pills". While it is possible that all these individuals would have escaped the disease without taking the remedy, I hardly think it probable, and I am of the opinion that these cases will justify further trial of this remedy as a preventive of this disease.

H. C. Buck.

Friars Point, Miss.

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[Since writing this report, Doctor Buck informs us that the three ladies recently returned to New York without a symptom of sea sickness, although they encountered a severe storm while at sea. They followed directions, as to treatment, implicitly.

Doctor Buck's experience with calcium sulphide as a preventive of sea-sickness is a good deal like driving out the devil with Beelzebub. For, there are few remedies quite as nauseating as are the sulphides. Certainly, the treatment seems to comply with the law of similars. Doctor Buck's report is so positive, however, that the method undoubtedly is worth trying, both in sea-sickness and in car-sickness. His explanation regarding the necessity of cleaning out the intestinal tract, and establishing intestinal antisepsis is, of course, reasonable and correct as far as it goes. Only, we are afraid that it doesn't go quite far enough.

The present writer has given little vials of cactin granules (1-64 gr.) to a number of patients who carry them in their purses whenever they have occasion to take a street car. While, in at least three instances, car-sickness makes its appearance with deadly certainty unless prevented by this means, it does not develop whenever the cactin has been taken. Two of the patients were enabled also to undertake ocean voyages without suffering from sea-sickness, simply by taking cactin, while on former occasions they always had been made miserable by this distressing malady.

Several years ago, the present writer, during a trip abroad, accompanied the ship's doctor on his rounds through the steerage. The doctor had dismissed all patients with the exception of one poor woman who was so ill that she could not raise her head. All attempts of the doctor had been in vain. He declared that the case was beyond him. He was given, for his

patient, several tablets of the hyoscine, morphine, cactin combination with caffeine and pilocarpine. The first dose was vomited. After the second dose, one hour later, the woman rested easy; and, the next morning, she was on deck enjoying the beautiful weather. We are not prepared to say that the other constituents of the little tablets contributed greatly to this recovery, although it is probable. Certain it is, in our opinion, that the cactin equalized the disturbed circulation in such a manner that the nausea was relieved.—Ed.]

LABORATORY AND CLINICAL TEACHING

Your two editorials in the April issue of Clinical Medicine are admirable, as indeed, are most of your editorials.

However, I should like to add a few words, which, I trust, may be useful. There are some misapprehensions, today, among not a few of our younger physicians and surgeons, which it is well to correct, if possible. They forget that those who have preceded them knew, in their day and generation, relatively as much as is now known. Further, they had been instructed by example and experience which, to them, was personal, and they should simply "carry on," so to speak, the fruit of this knowledge and hope that the younger men might profit fully by it. In my long hospital experience, those internes who were most acceptable to me were most considerate and attentive; also, they were the brainiest ones. They knew, of course, that, practically, I was not an expert in the latest laboratory findings and in the technical application of the newest, most approved instruments made use of in the wards. But, they knew also that I could tell them things from my practice that it was desirable for them to know. The proof, later, was that these internes reached the top of the ladder, professionally. The others, frequently, fell far short of it. The older physicians will not be at the top for many years. Their places will be taken by others. Then, these physicians will further appreciate what I am trying now to inculcate. It is not essential for one to be an adept in newest staining processes, methods of development, manner of making serums or vaccines, in order to appreciate and estimate their curative value in disease. Besides, the clinical observer knows and recognizes the many errors and mistakes that are discovered with time and opportunity and, solely, in this manner.

Are x-ray pictures often interpreted very wrongly? Are the results of Wassermann tests to be accepted implicitly? Is blood pressure, as revealed with the newest instruments, always to be relied upon, as indicating the health-outlook of the patient? I might continue and give multiplied examples. I purposely refrain.

Another consideration—and a most important one: Does the prominent specialist seek for guidance from the family practitioner? Not much. He thinks that he knows it all or, if not, that, what he doesn't know, has little or no value. Hence, he goes his own road, unassisted and indifferent. Who is the sufferer? The patient, alas! in mind, body and estate. Often, he is made unduly anxious about what, really, is trifling disease. Again, he is told to do things that are, in reality, bad practice and lead to woeful results. Further, in the end, he has a bill to pay, that is, time and again, beyond his resources.

Let it be understood, that the all-around, careful and conscientious practitioner, can and will always make proper use of the specialist's better knowledge about a few things. But, he desires, and rightly so, that his patient shall not be deprived wilfully of what is far more important, as a rule, to his ultimate welfare; namely, the insight and knowledge that his family's and his own medical adviser alone can, and does, have of his personal habits and idiosyncracies. I take it that every intelligent man or woman is obliged, at some time, to select the physician whom he or she will call upon in time of need and by whom they will be guided as to the relief of their ailments, whatever these may be.

Let them then proceed as they probably would do in regard to financial or business matters or legal affairs. In these cases, one selects a man of known integrity, of experience, of common sense and of humanity in the best sense; one that will give the best counsel, or advice, without regard to personal emolument of any sort—simply giving the best he knows.

Personally, I believe that it would be to the great advantage of suffering humanity,

if every general practitioner had an independent income and were not in any sense influenced by pecuniary returns for his services. He should, of course, be willing, and thankful, to accept whatever honorarium were accorded to him, but, no bill should be sent and, provided his patient were considerate of his time, of his devotion and of the requirements of others—he would be thoroughly satisfied. Will you say Utopia? I trust, not, because it is truth and, to it, I pin my faith and belief, after many years of observation and practice. If anyone gainsays my affirmation, please, let him answer.

The physician, like the clergyman, should be above reproach and, unquestionably, above all thought of worldly advantage or anything over and beyond that of duty well done.

Beverley Robinson.

New York City.

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[Doctor Robinson's faith in the general practitioner is the result of his own signal success in that work. Trained by the prominent clinical teachers of a generation ago, in Paris, in Philadelphia, in New York, he has faithfully adhered to the best traditions of the "craft." His admonitions merit consideration, just as his example should be taken to heart and followed by the younger physicians.

The idea that the physician should be independent of the monetary returns of his practice is beautiful. Would that it could become truth. We can imagine no more satisfying work, no more joyful occupation, and vocation, than that of the general practitioner who is free from money worries; and, this, despite the many unpleasant experiences that even the best of us are not spared.

Let the general practitioner take heart. We are convinced that, in time, he will once more come into his own; that he will again be recognized at his full value and that he will resume the place that is his by right; namely the position of the actual medical advisor, the "teacher" and guardian in health matters. Time will bring it about that the work of the surgeon, the eye-, ear-, nose-, and throat man, and of all the other specialists, however important it may be, will be subordinated to that of the general practitioner who, really, should stand supreme.—Ed.]

THE A. M. A. AND THE ALCOHOL- AND NARCOTIC-DRUGS PROBLEMS

For the first time in many years, a convention of the American Medical Association has not received the publicity usually accorded to the proceedings of this body. It should be important, however, for the public to know that, at the session just held at New Orleans, this body refused to pass a resolution condemning the use of alcohol in the treatment of influenza. Nevertheless, this fact has been recorded only in the local journals reporting these proceedings, although the previous action of the American Medical Association, a few years ago, in pronouncing alcohol to be of no medicinal value whatever and only of use in the arts, was widely proclaimed throughout the country, if not throughout the world. Likewise, the unanimous condemnation of compulsory health insurance was a fact of the greatest importance to the whole medical profession, which has hitherto opposed this measure although it was fathered and nurtured by the most powerful influences in the American Medical Association. This news should be welcome to the medical profession of England already under a politically imposed form of State Medical Service, and to the English people now threatened with bone-dry prohibition,

The fact that the Legislature of New York has just rejected the plan for the compulsory hospitalization or institutionalization of drug addicts, to the exclusion of every other form of treatment, though fully presented to the American Medical Association, had no apparent weight with this body. By condemning the ambulatory treatment of drug addiction, it, thereby, approved this plan in its entirety which was presented to it by the same sponsors whose recommendations and limitations the New York Legislature refused to apply to the fifteen thousand physicians of this State. How this action will be received, when known by the 150,000 physicians of the country, remains to be seen.

In effect, this recommendation implies the inability of the medical profession or of the police power of the States to deal with

the problem of drug addiction without invoking the aid of the National Government. American physicians and surgeons have heretofore contributed their full share to the general fund of medical achievement to the benefit of mankind and to the credit of their profession. Must it now be admitted that, in the treatment of drug addiction, the medical profession of this country is so incompetent or so untrustworthy that the control and supervision of the importation, manufacture, distribution and prescribing of opium and its derivatives must be the function solely of the United States Government as recommended in the findings of the Narcotic Committee of the American Medical Association? This committee has studied this subject only for one year. It was appointed at the suggestion and according to the plans laid down by Dr. Alexander Lambert, of New York, then just elected President of the American Medical Association. With the exception of the author of this plan, none of those recommending it have had any previous knowledge whatever of the disease of drug addiction or any experience in its treatment, either institutional or otherwise.

John P. Davin.

New York City.

THE VALUE OF MILITARY SURGERY IN CIVILIAN PRACTICE—RESULTS OF ANOCIATION IN REDUCING MORTALITY

In addressing the 73rd annual meeting of the Ohio State Medical Association (*Journal O. S. M. A.*, Sept., 1919, p. 541) George W. Crile, of Cleveland, emphasized the value of anociation in reducing operative mortality.

"The Interallied Surgical Conference," said Doctor Crile, "adopted as one of its conclusions that, in the treatment of wounded soldiers, the anesthetic of choice is nitrous-oxide-oxygen combined with local anesthesia. Among the evidence offered in support of this tenet, Surgeon-General Sir Anthony Bowlby presented the work of one of the most noted British military surgeons, Captain Douglas C. Taylor, and the work of the chief of the anesthetic service of the British Army, Captain Gregory Marshall. The experience of Captain Taylor, I am privileged to quote. He has summed it up as follows: 'Until the summer of 1917, my colleague, Captain G. Marshall, invariably gave ether for my laparotomies for gun-shot wounds of the abdomen. No series of 100 consecutive cases showed a recovery rate of much over 50 percent.

"'During the summer and autumn of 1917, I did 101 laparotomies for abdominal wounds, and nearly half of them were done under nitrous oxide and oxygen combined with infiltration of the abdominal wall with eucain and novocain. The more serious cases, that is, those with rapid pulse and low pressure, were nearly all done by this method.

"'Of this series, 27 patients died at the Casualty Clearing Station, and 74 were evacuated to the Base. Among the latter, there have been only two deaths, both from secondary hemorrhage—one from the kidney and the other from the rectum and buttock.'"

That means, by the employment of anociation, Captain Taylor's mortality rate was reduced from approximately 50 percent to 29 percent.

Captain Marshall has demonstrated that patients may apparently do well during ether anesthesia but do badly afterward, while they do well both during and after nitrous-oxide-oxygen anesthesia.

The experience, on a large scale, of the resuscitation teams from the Lakeside Unit, which served continuously throughout Field Marshal Haig's great offensives in Flanders, in 1917, during which there were over 800,000 casualties, showed that somewhat better results were obtained in abdominal operations if, before the beginning of the operation, sufficient blood were transfused to permit a safe performance of the operation; and if, again, at the completion of the operation, an ample amount of blood, up to 750 mils, were given. Furthermore, if a let-down appeared later, the transfusion might be repeated. Meanwhile, the advantages of comfort, rest, warmth, morphine and fluids were added.

The advantages of the nerve-blocking are further emphasized by Colonel Cabot's series of 180 amputations of the thigh, one-half under ether, and one-half under spinal anesthesia, with a reduction of mortality, by the use of spinal anesthesia, of 50 percent; while Captain Taylor, by the use of

nitrous-oxid-oxygen, reduced his mortality rate for thigh amputations more than 200 percent.

F. H. McMechan.

Avon Lake, Ohio.

LETTERS FROM FRANCE—XXI

The American Fund for French Wounded has decided to give, as a permanent memorial of its work in France during the four years of war, a completely equipped endowed hospital to the city of Rheims. This hospital will have a capacity of 100 beds. The initial cost will be $100,000.

At present, a temporary hospital is being operated at Rheims, in the Rue Chanzy, near the cathedral, in conjunction with the women's Overseas Hospital, for the benefit of returning refugees. The site of the permanent hospital will be donated by the Municipality of Rheims.

The city of Rheims was recently visited by a number of Irish delegates, including Ex-Governor Dunn, of Illinois; Mr. Michael J. Ryan, of Philadelphia, and Mr. Charles Gavan Duffy. The delegates were welcomed by Doctor Langlet, the mayor, and M. Charbonneaux, the deputy-mayor, with whom they viewed the ruins of the city and the municipal hospital. Cardinal Luçon, Archbishop of Rheims, accompanied them on a visit to the battered cathedral. Mr. Dunn mentioned that the citizens of Chicago have formed a committee whose purpose is, to ensure the restoration of Rheims, adding that, on his return, he would acquaint his fellow citizens with the extent of the devastation wrought there.

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At Treves, Evacuation Hospital No. 12 has been closed and the patients have been transferred to No. 19, while No. 13, in the City of Luxembourg, is now packing its stores and equipment ready for return to the S. O. S. before June 15. [1919.—Ed.]

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The Director-General of the League of Red Cross Societies, Sir David Henderson, announces the appointment of Colonel Richard P. Strong, Medical Corps, U. S. A., as Acting Director of the Bureau of Hygiene and Public Health of the League. During the war, Colonel Strong served in Serbia, in 1915, as Director of the American Red Cross and International Sanitary Commissions, in connection with the suppression of typhus. As a member of the American Expeditionary Forces, he was associated with the Department of Infectious Diseases, Chief-Surgeon's Office. He is a member of the Inter-Allied Sanitary Commission and has directed the American Commission's research-investigation on trench-fever. The Director-General also announces the appointment of Mr. W. Frank Persons, Director of Development, as Acting Assistant to the Director-General. Mr. Persons was formerly Director of the Department of Home Service at the national headquarters of the American Red Cross in Washington.

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Eight nurses of the American Red Cross were decorated recently by King Alexander of Greece with the medal of Military Merit, for their work in fighting the typhus-epidemic in Macedonia. These eight nurses are: Miss Sara Addison, of Baltimore, Md.; Miss Marie Glauber, of Chicago, Ill.; Miss Alma Harts, of Davenport, Iowa; Miss Isabelle Martin, of San Francisco, Calif.; Miss Emily Porter, of Bridgeport, Conn.; Miss Clarissa Blakeslee, of Drexel Hill, Pa.; Miss Edith Glenn, of Bristol, Pa.; Miss Florence Stone, of Plainfield, N. J.

One of the nurses, Miss Blakeslee, was, herself, stricken with typhus during the epidemic, but, is entirely recovered. In making the presentation, King Alexander spoke of the ravages of typhus in Macedonia and registered his gratitude to his American Allies for their work in combating it. Addressing the nurses and the general staff of the American Red Cross Balkan Mission, the King said:

"I want to thank you all for what you have done for Greece and for humanity in your work in Macedonia. First, you saved from starvation tens of thousands of Greeks that were repatriated from Bulgaria after the armistice. Then your doctors and nurses extinguished the typhus-epidemic, which was threatening Greece and all the Near East, from the Greek Islands of the Aegean. You fed and clothed thousands; you stamped out typhus and other diseases among thousands of Greek refugees from Asia Minor. I shall always remember with gratitude what the American people have done through you in our hour of need. I

*It is to be kept in mind that this letter was written several months ago.—Ed.

bid you today, on your departure for Roumania, goodbye and good luck."

After the ceremony, the American Minister presented to the King two members of the Red Cross Mission, Major Burke C. Hamilton, of Goshen, N. Y., and Major Robert Bruce Wallace, of Cleveland, Ohio.

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Lieut. Harry C. Bates, chairman of the Sorbonne scholarship finance-committee, has addressed the following open letter to American army students in Paris.

"At a recent conference of representatives of American Army students at all French universities, the plan already formulated by our student council, to offer scholarships for French students in American universities for the scholastic year 1919-1920, as a memorial of our stay in France, was enthusiastically adopted and extended to cover a joint effort by alll American students in France.

"The aim is, to raise among the 5,800 students a French scholarship-fund. This sum," reads the report of the conference, "will be turned over to the French Minister of Education, who will dispose of it in the form of fourteen scholarships for the year 1919-1920. These scholarships are to go, so far as practicable, to one representative from each French university that have been attended by American Army students. These representatives will be men, and, so far as practicable, men that have served in the great war or sons of such men and are in need of financial assistance. Any American university may be selected by the winners of these scholarships."

The support of every student is necessary to the success of this plan. You probably believe that we should leave a memorial of our stay in France; you wish to show your appreciation of French hospitality; you wish to help to promote the mutual exchange of students between France and the United States. If all or any of these objects appeal to you or if you simply wish to see this project successfully carried through, then obey that impulse and subscribe."

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The Vilgrain booths have done a certain amount of useful work in lowering food-prices in Paris. Unfortunately, the enterprise, which is a government venture, is not of a nature to insure a permanent drop in prices. The Paris Municipal Council, foreseeing that a general rise is inevitable, unless something radical is done to check this tendency, purposes to try a scheme involving the institution of a Central Municipal Purchasing Office. A report on the project has been submitted by the Prefect of the Seine Department. The food thus purchased would be retailed at cost-price. It is not suggested that the scheme shall be a permanent one, but, that it be kept in operation as long as necessary. The Union of Wineshop- and Eating-House-Keepers has already protested against the Municipality's proposal. It was scarcely necessary to indicate in this way those who profit by the present inflated prices.

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Major-General John F. O'Ryan, on behalf of the members of the 27th Division, bestowed a gold metal on Elsie Janis, the actress, at a special performance at the Globe Theater, on Wednesday night. The medal is a laurel-leaf surmounted by a Maltese Cross, with the words: "To Captain Elsie Janis, in loving and grateful appreciation from the New York boys of the A. E. F." Miss Janis tried hard not to cry, but, was unsuccessful, and said through tears: "It's all wrong my getting a medal for having enjoyed the best time in my life."

RED CROSS NOTES

Poland Opens Seven New Bacteriological Laboratories.—At the beginning of the war, all of Poland's bacteriologists were conscripted into military service by the nations to whom their particular parts of Poland happened to belong. For five years, these men were required to do medical or surgical work for their hated masters and were forced to neglect their laboratory pursuits. But, at last, they are back in the service of their own country and are working in their chosen field of scientific endeavor. Seven diagnostic laboratories, with such equipment and supplies as it is not possible to obtain in Poland, have been turned over to them by the American Red Cross and, in the fight against typhus and other epidemic diseases which is now being carried on in that country, their return home is of the utmost importance.

When these men first returned, Poland—at last a free nation—was without laboratories and without bacteriologists. Those

who returned had lost step with the times, they had fallen behind in their five years of military service. So, their government invited them to the "reviewing school" at the University of Lwow, or Lemberg, where they got back on familiar grounds, regained their old skill of eye and hand, and absorbed all the new things that the scientific world had evolved since the closing of their shops. Now, with American autoclaves, microscopes, centrifuges, stills, dyeing ovens and test tubes they are once more at work in the service of their country, in the laboratories, which have been set up for refugee work at Pinsk, Lwow, Wladiwice, Wilno, Kielce, Lublin and Minsk.

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Chlorinated Highballs for Polish Soldiers.—The beverage with which the A. E. F. was long familiar, the "chlorinated highball," will soon be extensively drunk by the Polish troops under Generals Pilsudski and Haller. But it isn't as intoxicating as it sounds, for, it doesn't come out of a cask or a bottle or even a little stone jug. It comes out of a waterproof fabric bag with faucets around the bottom, known to the soldiers as the doughboy's lifesaver and to medical men as the Lyster bag. Slow evaporation through the canvas, when the bag is hung out of doors, keeps the water cool, and a tube of calcium hypochlorite broken into it makes it safe for drinking.

Last summer, the Polish army called upon the American Red Cross for assistance in improving health conditions in its camps and military centers. Purification of drinking water is something that has never before been practiced in the Polish army. The troops were dependent upon whatever natural water supply was at hand and were thus exposed to infection. As a first step in starting health improvements, the Red Cross pointed out the advantages of the Lyster bag and, following this suggestion, Polish chemists made tests of its action and indorsed it highly.

As a result, the Minister of Health ordered 20,000 of these bags, together with the necessary ampules, for use in army camps, and at civilian refugee centers.

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The American Red Cross recently announced the appointment of five American delegates to the first meeting of the General Council, League of Red Cross Societies, at Geneva, Switzerland.

The delegates are: Willoughby G. Walling of Chicago, vice-chairman of the Central Committee of the American Red Cross; Otis H. Cutler of New York, formerly manager of the Insular and Foreign Division; Mrs. William K. Draper of New York, vice-chairman of the New York County chapter and formerly chairman of the Woman's Advisory Committee; Samuel Mather, Cleveland, former member of the Central Committee; and Eliot Wadsworth of Boston, member of the Central Committee.

Henry P. Davison, formerly chairman of the War Council of the American Red Cross and now chairman of the Board of Governors of the World League, is accompanying the delegates.

To Promote Public Health.—The meeting was to open in Geneva on March 2, to continue one week, and is expected to prove of far-reaching importance in international health promotion. World problems concerning improvement of health and prevention of disease, means of increasing the membership, resources and effectiveness of National Red Cross Societies and methods of organizing and using these for peacetime service are to be discussed. Twenty-nine other powers have been invited to send delegates from their national Red Cross societies. All these are members of the League and, besides the United States, include Argentina, Australia, Belgium, Brazil, Canada, Czecho-Slovakia, China, Cuba, Denmark, England, France, Greece, Holland, India, Italy, Japan, New Zealand, Norway, Peru, Poland, Portugal, Rumania, Serbia, South Africa, Spain, Switzerland, Sweden, Uruguay, and Venezuela.

The creation of the League of Red Cross Societies was the direct result of the universal desire to preserve for the benefit of all mankind the spirit and effectiveness developed by the Red Cross during the World War. Upon the initiative of the United States, Great Britain, France, Italy and Japan, leading health experts from the various countries were called together at Cannes last April. Investigation showed the health-need to be an imperative one, and accordingly the League was organized

at Paris, May 5, 1919, and Geneva was named as the seat of the League.

American Society Foremost.—The American Red Cross is recognized as the leader of the League of Red Cross Societies, as evidenced by the selection of Henry P. Davison as chairman of the Board of Governors and the appointment of nine other Americans to important posts.

Poland was the first scene of the League's activity and the report of the commission sent there showed that the blight of typhus which was ravaging Poland might reach Western Europe, England and even America unless effective measures to combat it were taken.

Five national Red Cross societies acted at once. The American Red Cross, which was already maintaining a large relief commission in Poland, enlarged and accelerated its campaign against typhus. The French, Spanish, Portuguese and Rumanian Red Cross societies brought the recommendations of the mission to the attention of their governments for action and contributed considerable sums of money and supplies toward the fight against the disease.

The American Red Cross has been preparing information regarding its peacetime program at home and overseas for presentation at the March meeting of the General Council.

MATERNAL IMPRESSION AGAIN

In Clinical Medicine for February, page 120, appears an article from Dr. W. S. Cline, of Woodstock, Va., on maternal impressions.

Seventy-five years ago, wells were sunk through rock, by hand-drills in which ordinary blasting powder was used as an explosive. At a point several feet below the surface, a charge did not explode. When the digger attempted to remove the tamping, an explosion occurred which tore off the integument of his entire left breast, leaving an unusual wound, more than a foot square, of jagged, blackened shreds of flesh.

A bystander, and neighbor, assisted in rendering first aid. On his return home, he related the horrible circumstances to his wife, who was supposed to be three months pregnant. His story produced a profound shock from which she fainted. In due time, her baby was born and, on its left breast, there was an exact replica of the wound on the well-digger, as large as a man's hand. The child survived and, at the age of thirty-five the writer delivered her of a perfectly well-formed babe. Her first inquiry was, "Is the child all right?" Being answered in the affirmatime, she related these circumstances and permitted an examination of her breast which still bore the marks of her birth in a knotted, blackened condition of her left breast.

This lady is still living and the condition is still apparent.

Do you call this chance?

U. V. Williams,

Frankfort, Ky,

A FIVE WEEKS' BATTLE WITH THE FLU WITHOUT A SCRATCH

The influenza visited this locality last winter with a prevalence and severity heretofore little thought of by our people. In a short time, nearly our entire rural population was attacked. Working night and day, for five weeks, with little time to eat or sleep, each doctor made a supreme effort to take care of his regular patrons; others generally applied in vain.

Practically all types of the disease occurred, but, the respiratory and gastrointestinal forms were most common. Uncomplicated cases of the ordinary, or respiratory, form, often with a temperature of 104°, responded quickly to treatment. Relapses of the gastrointestinal type, either alone or associated with pneumonia, frequently sent the temperature up to 105°, or over, and, when associated with uncontrolled pneumonia, they were very dangerous.

Albuminuria complicated many of these cases and the clinical picture resembled that of typhoid; indeed, they constituted, probably the socalled typhoidal form of the disease.

My treatment of the respiratory affection consisted of calomel-laxative and coaltar combinations and acetylsalicylic acid; in the gastrointestinal form, calomel laxatives, the sulphocarbolates (Abbott's) and bismuth. In severe cases of this kind, enemas were given every two to four hours, and turpen-

tine stupes were applied to the abdomen if the kidneys were not disturbed. Strychnine was given, as necessary, to maintain the tonicity of the myocardium in virtually all forms and combinations of the disease.

Pneumonia was treated with calomel laxatives and combinations containing the coaltars which I have used successfully for more than a quarter of a century. Not one of my patients died from influenza or its complications.

I have not yet given the profession the formulas of my coaltar combinations, for the reason that the coaltars have been discarded and condemned by virtually all authors, and I feared that they would not be given a fair trial. Therefore, I believed it to be in the interest of scientific medicine that they be tried out thoroughly in my own hands first, and, for this purpose, I would gladly go quietly to any hospital in the United States.

If a practical, scientific and successful treatment could be given an official and authoritative status, it might become generally used, and, in that case, would result in saving many lives annually. Like most of its predecessors, Doctor DaCosta's 1919 "Handbook of Medical Treatment", offers no active and controlling medication for this disease. This certainly seems astounding to a doctor who expects his medicine to control the incipient pneumonic process within twenty-four hours. Obviously, a hepatized lung cannot be cleaned up quickly with medicine, but, fortunately (for my patients, at least), there is a prehepatization stage of several hours' duration.

My treatment seems to have a beneficial effect, even if it be given during the first stage of hepatization. This treatment had an accidental, though crude, beginning nearly thirty years ago, and was perfected during the following twenty years, but, for ten years, it has not been materially changed.

I use the cotton-batting jacket, which is, in my opinion, the best all-around local application in use. It is simple, safe and efficient, inexpensive and convenient.

I never hear of a man dying of pneumonia without feeling that, could I have managed his case at the beginning, he would still be performing his social functions here instead of "over there."

B. Clyne.

Yale, Michigan.

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[Doctor Clyne is what every practitioner should be, a confident and able therapeutist. Evidently, he has found that he can accomplish certain things by means of drugs in the direction of correcting perverted physiological processes (usually called "pathological"); that he can, thus, aid nature in her attempt to right physical wrongs; in short, that he can practice medicine.

We confess our desire to learn the formulas of those coaltar combinations that Doctor Clyne has employed to advantage for so many years. We ourselves dispense—though hardly ever prescribe—acetanilid, usually in combination, and, many times, we were struck with the prompt action that we secured from this so severely condemned remedy.

We do not share in the uncritical habit of many physicians who unconditionally oppose coaltar products. Many of them are of distinct value—as we have said repeatedly. Rightly used, they aid in controlling fever and pain, two serious symptoms that are the very ones causing the patients to consult us. We are not writing an apology for coaltar products and can not here enter into particulars. However, we are convinced from our own personal experience that Doctor Clyne is justified in employing these remedies.—Ed.]

THE FAITH OF A GRAIN OF MUSTARD SEED

Some doctors are of the opinion that pneumonia is a self-limited disease and that little can be done for it. Just a word as to its appearance to me.

Some ten years ago, when it was proper to use 50 to 60-grain doses of quinine, in pneumonia, I tried that, associated with much counterirritation over the chest, hot drinks and a good cathartic, followed by an expectorant, and, my patients got along nicely. Then, I tried 10-grain doses of Dover's powder, with the rest of the treatment as described, and that worked very well. I have tried the defervescent combination with the free catharsis, hot applications to chest and expectorants, and that

works nicely. In babies, the use of camphorated oil or something similar, rubbed into the chest wall until the skin is red, being repeated every two hours, together with a cathartic and iodized lime, works nicely.

I conclude that heat, counterirritation of chest wall, profuse sweating, and free catharsis, shortened the disease; the temperature dropping by lysis. I have the faith of a grain of mustard seed that I can help and, so can you.

I have just seen a man of 61. On April 7, he had a chill, with temperature at 103 degrees. Pain in left side posteriorly. Pipestem arteries. On April 8, there was consolidation of the left lower lobe posteriorly, with much prune-juice expectoration. April 9, the temperature was normal. April 10, with the pulse at 60, no dullness could be found on percussion. The treatment had been, free sweating, application of ground mustard paste, free catharsis and an expectorant. For stimulation, strychnine.

An easy case? Try this. On January of this year, I was called to see a man of 62, who had been ailing a year. The systolic blood pressure was 100; the diastolic, 60. There was swelling of legs and feet. This man had influenza with purulent bronchitis. Four weeks after, I was called at 8 a. m. There had been severe pain, since 2 a. m., in the left side; pleuropneumonia. The wife started using hot plates at once—the faith of a grain of mustard seed. I reinforced her treatment with full-strength mustard paste, hot drinks with whisky, and enough morphine to control the severe pain. Also, I made him sweat freely and stimulated with strychnine. The room temperature was kept at 75 degrees or thereabouts, with warm fresh air. I don't believe that you can sweat a person in a cold room to advantage. This patient recovered so that he is walking around.

Still easy? Try this. During the epidemic of 1918, I was called to see a young man of 25 who had had influenza for one week and developed lobar pneumonia a day or two before. The temperature was 104.5 degrees F., the bowels were distended. Treatment: physiological-saline enemas each hour until a bowel movement was secured. Thorough sweat. In 12 hours, the fever temperature broke to 102 degrees F. and did not again go above that for the rest of the illness. Hot applications were made to the chest. This patient was delirious for ten days. The temperature came down by lysis. He received mild expectorants and stimulation by means of whisky and strychnine. Of course, I kept the rooms warm. Anything hard about that treatment?

Moral. When you find pneumonia, don't throw up your hands and surrender; just fight and have the faith of a grain of mustard seed that you can and will win. You will surprise yourself as I was pleasantly surprised this morning.

F. B. Spengler.

Baldwinsville, N. Y.

THE ORIGIN OF IODIZED CALCIUM

In an article on pneumonia, in the April number of Clinical Medicine, T. C. Estes has this to say: "When Abbott originated iodized calcium, he accomplished one of the greatest acts in his life." Now, the fact is, Abbott did not originate iodized calcium. Some fifty odd years ago, when I was a young practitioner, I took the *Boston Journal of Chemistry,* published by James R. Nichols, a manufacturing chemist of Boston, and, I will say in passing, that this was an excellent publication and was a great help to me. I bought many goods of Mr. Nichols, and, among other things, I bought iodized calcium. Mr. Nichols took pains to explain in his journal just what iodized calcium was and that it was not to be confounded with iodide of calcium. This was the first I ever heard of iodized calcium and I believe that Mr. Nichols was its originator. This was before Abbott's time. Abbott has done much to popularize a very excellent remedy, but I hardly think he would claim to be its originator.

H. P. Vosburgh.

Halsey Valley, N. Y.

[This interesting historical information is quite correct. "Nichols' iodized calcium" was in use a generation ago, as Doctor Vosburgh says. It was manufactured by Billings, Clapp and Company, of Boston, Massachusetts, under the name "brown iodide of lime," which was sharply distinguished, of course, from the iodide of calcium of the U. S. Dispensatory.

The first mention of Doctor Abbott's connection with this remedy, we find in The

Alkaloidal Clinic, for 1897 (May, p. 264), in which there is an article by Dr. Zophar Case, of Warrensburg, Missouri, who had depended upon this meritorious remedy for a long time, and for whom The Abbott Alkaloidal Company had prepared tablets of the "brown iodide of lime," containing 1/3 grain each.

The 1897 price list of The Abbott Alkaloidal Company does not list the remedy. However, it is referred to in the colored insert listing recent additions. At first, it was called iodized lime. The designation "calcidin," which is a trade name, was not adopted until later, first reference to it being found in the price list of The Abbott Alkaloidal Company for 1904, and in The Alkaloidal Clinic for the same year. However, in the preceding volume of The Clinic, numerous articles had been published commenting upon the splendid results obtained from the free use of "iodized calcium," or, the "brown iodide of lime," by many physicians.

While, thus, Doctor Abbott can not, and does not, lay claim to having originated iodized calcium, it certainly was through his agency that this remarkable remedy was called to the attention of physicians far more widely than had been the case before. Furthermore, there is no doubt about it that many children, whom their attending physicians succeeded, with the aid of iodized calcium, to carry happily through an attack of croup, would have succumbed to that terrible enemy of childhood, if it had not been for this remedy which, while not originated, was introduced by Doctor Abbott.—Ed.]

CALCIUM SULPHIDE IN DIPHTHERIA

In your Journal, for April, there is an article entitled "Calcium Sulphide and Iodized Calcium," in which Doctor Gray is highly complimented for using calcium sulphide in smallpox. For the past twelve years, I have used this remedy successfully in preventing and aborting smallpox and, also, measles; further, in one family, I used it successfully in preventing and aborting diphtheria. In a Negro family, where there were three children and two of whom had the disease, the membrane disappeared and convalescence set in twenty-four hours after I began administering the remedy, while the third child did not have a symptom of the disease, notwithstanding the fact that they were all in a one-room Negro house with very bad sanitary conditions.

H. C. Buck.

Friars Point, Miss.

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[Doctor Buck's success with calcium sulphide in the treatment of diphtheria is in full agreement with that of the French physicians who introduced that drug in therapeutics. While as long ago as 1830, Doctor Messerschmidt had employed calcium sulphide in the treatment of diphtheria, it was not until 1873 that Doctor Nérat, of Paris, had granules of this remedy prepared by M. Charles Chanteaud.

According to the "Textbook of Alkaloidal Therapeutics," by Doctors Waugh and Abbott, (second edition, 1907, p. 123), the remarkable power exerted over diphtheria by calcium sulphide is a discovery which the world owes to Fontaine, of Bar-sur-Seine, whose first communication on the subject appeared in 1875.

We have before us two French pamphlets on the subject of calcium sulphide, one by Dr. Albert Salivas, published in 1898, and the other by Dr. Gabriel Viaud, published in 1900, both of which report upon experimental and clinical investigations concerning the antiseptic and antibacterial action of calcium sulphide which was used with success in diphtheria, membranous croup, croup, whooping cough, scrofula, tuberculosis, typhoid fever and many other bacterial diseases.

It is interesting, at times, to look back upon the history of valuable remedies, and we hope that this brief historical note may prove acceptable to our readers.—Ed.]

Just Among Friends

A DEPARTMENT OF GOOD MEDICINE AND GOOD CHEER FOR THE WAYFARING DOCTOR

Conducted by GEORGE F. BUTLER, A. M., M. D.

The Art of Right Living

Common-Sense Comments on Health, Happiness and Longevity

3. Play

ONE of the most important, as it is one of the hardest, lessons for the busy man to learn is, to play. "All work and no play makes Jack a dull boy." More men have been killed by the negative influence of lack of play than by the positive effect of excessive work. Of all things, the busy man should give up the senseless and wearing habit of revolving in his mind, in the evening and during his spare time, the matters that have occupied him during the day. A certain brand of tobacco used to be advertised with the epigrammatic advice, "If smoking such and such tobacco interferes with your business, quit your business." Of course, the admonition is absurdly overdrawn, yet, it has a grain of sound philosophy in it, too, which is, that it is just as important that business should not be allowed to interfere with play as that play should not be allowed to interfere with business.

Play is a form of rest—if properly indulged. If improperly indulged, it becomes labor, poisonous exertion, drudgery, doing harm rather than good. It is as bad for the body or any of its members to be overstrained in play as in work; in the excitement of rivalry of play, the line of demarkation between benefit and injury is, very often overleaped. The basic definition of play is, "To engage in some exercise for the sake of amusement." Here, the word would seem to mean what is does not mean, for "amusement" is that which amuses or pleasurably engages the mind. So, "play" has come to mean many different things, from music to gambling. Whenever, however, in any amusement, you are interested, chiefly in some advantage to be won, you have passed from the amusement of play to the amusement of work. In playing, it is not necessary that it be purposeful. One should let himself "go" now and then and just frolic. All that is necessary to learn about play is, to understand that all play is good if indulged in moderation and at reasonable times. Work, play, rest, should balance. Rowing, running, golf, tennis, all sports that will take us where there is good air and sunshine, and force us to exert our bodies to the point of taking deep breaths, are beneficial. Indoors, light reading when the mind is weary; card playing and other frivolous amusements are sometimes good. The all-important requisite is, to maintain a playfulness of spirit which is quite independent of external aids. You can learn, even, to have fun with yourself, letting your imagination play all kinds of pranks. Play is recreation, refreshing and lightening the monotony of life. Change of work is not recreation enough for the intense worker of today. The mind and will must be emptied of all seriousness and purpose, and relaxation should be sought in romp and frolic.

The place and inspiration of a man's play should be, par excellence, his home, although, sometimes, it is better to get utterly away from your family and all familiar things and peoples, to play alone or with new-made friends or comparative strangers.

Home, however, should represent to a man the highest type of play—the unbending and relaxing of his faculties in frank and loving sociability. And, it is this ele-

ment in his life, typified by his home and for the most part afforded by his home, that I urge upon my readers and patients to deliberately cultivate, thus adding many years to their physical lives and untold blessings to their minds and hearts.

Learn How to Live!

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The deepest-rooted cause of disease is, that overworking of the brain and over-excitement of the nervous system, which are the necessary consequences of their intense activity. Hence, nervous prostration, nervous dyspepsia, consumption, Bright's disease, and innumerable other maladies. In a word, the American often works himself to death.

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Play is the great harmonizer of the human faculties overstrained and made inharmonious by labor. It is the agency that keeps alive and in healthy activity the faculties and sympathies which work fails to use or helps to repress. It is the conservator of moral, mental, and physical health.

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The life of the present day is lived at fever heat. Life is literally a battle, and men are falling by hundreds in the thick of the fight; they go stumbling on, robbing themselves of sleep and rest and play, till they break down into an insane asylum or into the grave.

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Let us abate something, at least, of our devotion to the almighty dollar, and regard the world as something better than a huge workshop in which we are to toil and moil unceasingly, till death stops the human machine. Let us learn how to play.

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We want to diminish the amount of submerged "busy" work and to expunge all desperate and hopeless work; we want to see fun and games playing through it, as heat lightning plays through heavy clouds.

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Let us give play, recreation, and the other popular arts their proper place beside the fine arts, and avoid the common error which degrades play to a medical instrument.

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The aim of life is, to produce the perfect man; so, one must watch over one's integrity of mind and body.

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The way to live long is, to live wisely, and especially to be moderate in all things.

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All pleasures are lawful that don't end in making us feel sorry.

4. Rest

MAN'S body is so constituted that it must have periods of repose. Rest is as necessary as food, after a hard day's mental or physical work. Effective activity is based on its intervals of rest. Much of our fatigue and ineffective work often is caused by unnecessary tension and waste effort. Use only the force needed for the successful accomplishment of your task. Avoid all unnecessary strain. Do not use the whole body in a piece of work that requires only the exercise of some special part.

When you rest, keep still; when you move, move with that part of the body that is needed. Do not waste your strength by walking with your arms and face as well as your legs. If circumstances force an unusual and fatiguing amount of exertion upon you, break it now and then by periods of absolute rest. A minute or two of quiet, with eyes closed, with your tension relaxed and the gearing of the machinery thrown off for the moment, will help and refresh you greatly. You must learn to rest your mind as you do your muscles. The habit of mental relaxation is as necessary as that of muscular relaxation. Acquire the habit. You can do it.

One of the most essential principles of efficient, successful work is, to know when to stop. The most efficient person is the one who works only when at his best and quits at the first signs of fatigue.

Efficient work requires close and continuous attention. Inability to give close attention to the work in hand is Nature's warning that the fatigue point has been reached. Persistent failure to heed these symptoms usually marks the beginning of nervous exhaustion with all its attendant evils. The vital functions all are affected by fatigue, producing a condition of low vitality in the organism and making it very

susceptible to all forms of disease. The tired man loses his self-control, his judgment, his sense of proportion. Fatigue is so far-reaching in its effects that it influences the power to live up to moral principles. You must realize that it is better to regulate your daily tasks with some regard for your nervous system than to burden yourself with nerve-racking work for weeks and months until you are *forced* to take a rest. You should make it a rule to rest a little after every important task accomplished, particularly after you have gone through a severe nervous strain.

When the time comes to rest, do so in fact, not merely in name. The power of perfect, child-like relaxation must be cultivated in order perpetually to renew the body. When this is acquired, you will get as much rest in a few minutes of quiet as many get out of several hours' sleep. To relax for a few minutes during the day is, often, very refreshing. Fatigue and rest must balance. If you rest too much, you are not going to get strong. If you work too hard, physically or mentally, you will go to waste. Activity is life; stagnation is death. Learn to balance! When man learns the art of wholesome living, the recuperative power of intelligent rest and the rejuvenative power of contented thought, that "tired feeling" will disappear and he will be filled with energy, enthusiasm, peace and happiness. Only by daily, harmonious use of all one's being—faculties, functions, senses, muscles—can one earn the right to prolonged possession of them.

Learn How To Live!

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In all likelihood, the man who toils and moils at business, without rest, relaxation and enjoyment, through the best years of life, with the hope of retiring at last and making the evening of life all holiday, all play, never will retire, except into an untimely grave.

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To demonstrate life in its richest and brightest aspects, learn to rest like a child.

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The men of iron frames and lignum-vitae nerves, of muscles wrought of the heart of oak, of giant energy and herculean endurance, are the very men who presume upon the inexhaustibility of their physical capital and soonest become bankrupt in vitality.

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No man can be truly happy who cannot contentedly sit still when circumstances release his powers from labor, and who does not reckon among the rewards of labor a peaceful repose.

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To reconcile health with perpetual work, however ingeniously varied, demands, not, a human constitution, not even that of a Hercules, but, one of oak or iron.

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Fatigue, which is not recovered from after a night's rest, is incompatible with the leading of a normal, efficient, wholesome, and happy life.

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The mind that never rests invariably is full of freaks and caprices. The mind that has no repose shows its dependence and its lack of self-control.

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A strenuous life, unaccompanied by a right proportion of rest and relaxation, is the inevitable forerunner of depleted nerves and broken health.

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Cultivate the power of dropping from the memory all that is useless and undesirable. Let go and quietly rest after a hard day's work.

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5. Sleep

GOOD sleep is absolutely essential to good health. Broken, irregular sleep, if long continued, is bound to result in nervous and physical breakdown. Different people require different amounts of sleep, but, there are few who can keep healthy and do their best work on less than eight hours' sleep in the twenty-four. Continuous curtailing of the sleep, even if it be slight, is more serious than the occasional loss of many hours. It renders the mind very heavy and sluggish; it makes one irritable and impatient, and greatly diminishes the power of good work. Sleep must be natural, dreamless, restful. Such a sleep can not be produced by drugs; neither will it come to the man who eats and drinks to excess late at night. The active business or professional man who loses sleep or who does not get good sleep, and

who eats, drinks, and smokes to excess, is breeding a bunch of trouble that is bound to overtake him sooner or later, almost invariably about middle life or soon after. The irregular life of the society man or the man about town can not be combined with that of the strenuous business man, with impunity. Drugs and stimulants won't help you. You can not drug yourself into society or business.

By the aid of sleep, we recover the energy we have used for the day, and actually accumulate and store up energy. The foolish man tires out his mind and body and then resorts to drugs to get to sleep. He is a slave to his conscious mind; he depends on his body with its cerebrospinal system that tires and wears out easily. The wise man, whether he be energetic or slow, depends on his superconscious mind which he opens to all elevating influences. It is he who lives the real life, whether it be short or long. And, if you could know his mind, his inner life of thought, you would find that he never allowed mundane matters to interfere greatly with the amount of rest, including sleep, that he had learned to be necessary for his good health.

On going to bed at night, after taking breathing exercises, you should understand, first of all, that it is wrong to attempt to force sleep, for, that will prevent you from sleeping, if anything will. It will make you anxious, and anxiety is death to sleep. Just assume a natural, easy position in the bed and give yourself up to the soothing influence of the night. The superconscious will do the rest, in ordinary circumstances. But, if sleep should not come at once, don't worry. A variety of reasons for sleeplessness may exist; however, they mostly resolve themselves into one, namely, a tendency to think instead of casting all thought from the mind. After a little practice, you can learn to submit yourself to rest without thought, leaving everything to the superconscious mind.

Outdoor sleeping is preferable, but, in any case, plenty of fresh air is imperative. The bed-clothing should be light and porous, yet sufficient to keep the body warm. A good mattress and a pillow not too high are essential. When you waken in the morning, you may lie a moment, getting used to the change from sleep, and then you should get up. Do not lie there dozing. Dozing in bed in the morning often will be enough to set the tone for an entire day of weariness. You would do better to get up even if you do not feel fully rested. You will sleep the surer and the better for it during the coming night.

Learn How to Live!

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Teach yourself that sleep is a duty, that it is not an accident, an incident or a bit of good fortune; and you will be able to resist the temptation to carry on the business of the day in the hours of the night, —hours that are reserved for a very different affair.

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If in hours which ought to be hours of rest we allow the mind to brood over grievances, to dwell on difficulties, to harass itself with cares, and grieve over suffering and sorrow, we shall find leisure even more exhausting than work.

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It is futile to expect that a fretful, impatient and over-anxious frame of mind, continuing through the day and every day, will suddenly be replaced at night by the placid and comfortable mental state which shall insure a restful sleep.

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He who would sleep at night must regulate his day by not undertaking more than he can accomplish without undue stress, and, second, by carrying through what he does undertake without undue solicitude, anxious doubts and morbid fears.

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When you retire for the night, you are not to ask yourself whether the day has been a good day or a bad day. You are not to review the past or look forward into the future. You should empty your mind of all conscious thought.

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You must sleep well if you mean to work well. You must have body and mind in good working order; and, they will not be in good working order unless you sleep regularly, steadily, and enough.

Among the Books

SOME WORTH-WHILE AUTOBIOGRAPHIES

Recollections of a New York Surgeon. By Arpad G. Gerster, M. D. New York: Paul B. Hoeber. 1917. Price $3.50.

Rambling Recollections: An Autobiography. By A. D. Rockwell, M. D. New York: Paul B. Hoeber. 1920. Price $4.00.

The reading of an autobiography, especially the autobiography of a man who has done things, who has played a prominent part in the activities of his class, his profession, his business, always possesses a keen interest and presents countless opportunities for enjoyment and, no less, for instruction. While the lives of relatively few men and women, good and useful citizens though they may have been, are sufficiently varied and replete with experiences of more general interest to justify the writing of their life histories, there are many whose lives have led them through environments, experiences and occurrences that make their relation more attractive than a romance.

The two autobiographies named in the introductory paragraphs are of especial interest to American physicians. One was written by a man whose family originally flourished in the oldest and only true republic in the world, namely Switzerland, and was transplanted to Hungary several hundred years ago, who, himself, came to New York as a young man, became an American citizen in the best meaning of the word, and, later, a leading member of his profession; the other, by a man of old American stock, and who became the originator, in the United States, of electrotherapeutic methods as a recognized and acknowledged therapeutic procedure.

We owe thanks to the indefatigable publisher of "different" books for physicians, Mr. Paul B. Hoeber, for having made these two attractive biographies available to physicians.

The story of Doctor Gerster's life is exceedingly attractive and absorbing. Being born in Hungary, where, as has been mentioned, his family had lived for several hundred years, he passed through the accepted course of "classical" education that is inflicted upon all those European youngsters who are destined to enter the university. The description of his school years and of his student days carry the Reviewer back to his own experiences in the *Gymnasium* and the University, in Switzerland, for, these institutions are very similar in the various central European countries. Gerster's medical studies were carried on in Vienna where he met such shining lights as Rokitansky, Skoda, Oppolzer, and, later, Billroth.

After graduation, with the degree of Doctor of Medicine, Doctor Gerster passed through his period of military service, universal military service having been introduced into the Austro-Hungarian army after the bitter lesson of Sadowa, in 1866. As a professional man, of course, he was exempt from the regulation-three-years of military service. However, he received an officer's commission with rank of second lieutenant and the title of assistant surgeon. He relates that the medical services, always full of typhoid fever and pneumonia, furnished abundant autopsy material. Fillenbaum was the official pathologist and never failed, just before each autopsy, to ask for the clinical diagnosis. Diagnostic errors would occur, and, thus, awkward situations were not rare. Those youngsters reveled with unholy joy over the discomfiture of some grandiose and overbearing superior who, no doubt, made life hard enough for them.

In turn, each of the younger men at the hospital had to be officer of the day for twenty-four hours, during which he was on

call at the inspection room near the watch, fully dressed and ready for emergency work in all wards of the hospital. This latter work was arduous and exhausting, but, it was performed cheerfully, for, it permitted those off duty to have their evenings to themselves.

After his term of military service had ended, in September, 1873, there followed a brief period of practice in his Hungarian home, the town of Kassa; however, the desire for a wider field of action, and, perhaps, the impatience of the vigorous, restless young man, with conditions in a small provincial town, that was over-supplied with physicians, engendered the desire to emigrate to that great republic in the west that to so many Europeans has beckoned with almost irresistible urging, offering so many advantages and possibilities. At the beginning of the year 1874, the young physician was transplanted to New York where he became as good an American as he had been a Hungarian.

It would be interesting to follow the account of Doctor Gerster's experience in our country. We can but assure our readers that they will do well to read the book for themselves. It presents an instance, of which there are many, of a "foreigner" being absorbed and assimilated in the body politic of these great United States. Assimilation of alien ingredients is accomplished in many different ways and Doctor Gerster's story of his life recounts one of these ways, illustrating the successive phases through which a foreigner may have to pass before he may become an American.

Americans, he says, truly, whose wisdom and kindness lead them to kindle and encourage the newcomer's pursuit of this aspiration, find their efforts richly repaid. Neglect and contempt of the immigrant's sincere endeavor to merge with the nation have been of infinite harm.

It is true, as the author points out in the preface, that the story of a life, if told sincerely, can not fail to carry some lesson to posterity. But, to be tonic, it must contain more than one finds in the pages of an Amiel or a Baschkirtseff. And, here, by the way, the Reviewer finds an explanation of the fact that Baschkirtseff's lugubrations seemed to him so tedious and left him entirely unmoved. Suffice it to say, that Doctor Gerster accomplished his purpose, that of becoming an American physician and citizen, as fully as did the late Doctor Jacobi.

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Of a rather different kind is the autobiography of Dr. A. D. Rockwell. He was born an American, of an American family, the son of a school teacher, and whose school days were like those of hosts of others in this wide country of ours.

After a brief period of employment, with a view to entering business, the young Rockwell decided upon a professional career, entering college and, later, the medical school, and having, during those years, his first experience in military service, as a private, early in the war between the States.

After completing his medical studies, Doctor Rockwell re-entered the army as assistant surgeon to the Sixth Ohio Volunteer Cavalry, serving under General Sheridan and taking part in some of the picturesque and, incidentally, most bloody campaigns of that unfortunate war.

Doctor Rockwell's professional life, which was led entirely in New York, is of great interest because, very early, he became impressed with the therapeutic possibilities of electric modalities in the treatment of disease. Until then, electricity had been relegated entirely to irregular practitioners and, indeed, Doctor Rockwell's attention was called to it through one of that class "Doctor" William Miller who, nevertheless, accomplished, undoubted and great good. When the young Doctor Rockwell decided to investigate the study of electrotherapy and to adopt it as a definite agent of treatment, he did not find much encouragement among the leading physicians of the day. He relates that Dr. William Parker declared that "it isn't worth your while—any old woman can apply electricity." Dr. Austin Flint, Sr., discountenanced the project absolutely, advising Rockwell to keep on in the regular path and not to meddle with it but "let it remain where it belongs—in the keeping of charlatans." However terrifying, though, the prospects may have been, Doctor Rockwell remained faithful to his conviction, namely, that electricity offered unquestionable possibilities which were great. The difficulties in his way were enormous be-

cause the entire subject was a *terra incognita* and, even, must have appeared to him as an arid wilderness. Nevertheless, in course of time, thanks no doubt to an unshakable determination to win and to persistent study and desire for exploration and investigation, Doctor Rockwell succeeded and became actually the pioneer of electrotherapeutics in America, one of the most noted practitians of his specialty.

Among the notable incidents in his life, there is his accquaintance and association with Dr. George M. Beard who, we believe, was the first to describe the clinical picture of what later came to be known as neurasthenia. In another direction, somewhat less attractive, but, still, of social importance, was his participation in the studies leading ultimately to the abandonment of capital punishment by hanging and the adoption of electrocution, in the State of New York.

There are many pretty little bits of gossip about notabilities and others with whom Doctor Rockwell came in contact, usually professionally. He treated the late President Roosevelt, first as a boy of twelve, and met him many times afterwards. He knew Dr. Henry Ward Beecher well, Commodore Vanderbilt was his patient, as were William M. Tweed, William Astor, John Jay, Marc Klaw and many others.

The two autobiographies which we have discussed together are of especial interest because they are so different. Both, though, are attractive, both carry their impressive lessons; both show the almost unlimited possibilities that beckon to young physicians starting out in life.

MANN AND FOLSOM: "FOOT CARE AND SHOE FITTING"

A Manual on Foot Care and Shoe Fitting, for Officers of the United States Navy and United States Marine Corps. By W. L. Mann, Ph.B., A.M., M.D. and S. A. Folsom, M.D. With 58 illustrations. Philadelphia: P. Blakiston's Son & Co. 1920. Price $1.75.

The days and months during which the soldiers and sailors of the American Expeditionary Force were outfitted and trained for war work, proved, among many other things, the exceeding importance of suitable foot care and shoe care. It is difficult to conceive why we—not only the so-called vain sex (Ladies first, please!) but, just as much the even vainer strong sex, should have submitted to the idiotic dictates of fashion in the matter of footwear when the results were so positively disastrous as regards comfort, peace of mind and purity of language; for, mind you, there is nothing, we conceive, that causes a man to use such shocking language as an ill-fitting shoe—unless it be, two of them.

However, we had fondly believed that, after experiencing the comfort and freedom from distress provided by military shoes, like those, for instance, built on the Munson last, no sane ex-soldier ever would be willing to return to the atrocities sold as "nifty," "smart," and so forth, by designing shoe dealers. Strangely enough, on examining the store windows with their latest shoe exhibits, it seems that we have forgotten a very insistent lesson, as we keep on forgetting so many things.

Fortunately, the man and the woman of sense do not need to be in misery from ill-fitting shoes, unless they wish. The results of careful foot studies, more especially in the navy and the marine corps, as presented in the little book before us, supply a useful guide for the care of feet that are able to do reasonable work and also for their shoeing.

This manual on foot care and shoe fitting, may be accepted as authoritative; certainly, it contains a great amount of useful information.

CRILE AND LOWER: "SURGICAL SHOCK."

Surgical Shock and the Shockless Operation Through Anoci-Association. By George W. Crile, M. D., and William E. Lower, M. D. Second edition of "Anoci-Association" Thoroughly Revised and Rewritten. Edited by Amy F. Rowland, B. S. Philadelphia: W. B. Saunders Company. 1920. Price $5.00.

One of the most important features of modern surgery, if not actually the most important one, is, the recognition that shock, whether it be due to accident or to operative interference, or to other causes of which there are many possible ones, is one of the very grave accidents that the surgeon has to deal with in his patients. Since Doctor Crile, the senior author of

the volume before us, announced his theory and method of anoci-association, medical men have come to realize, more than ever before, how seriously surgical patients were handicapped in their chances for recovery through the occurrence of shock. Moreover, the phenomena of shock were much more far-reaching and its mechanism immeasurably more delicate and difficult of appreciation than had been realized.

While, before the summer of 1914, full justice had been done to Doctor Crile's theory, the experiences of war surgery made it possible to him to afford an irrefutable proof of his contentions, namely, that surgical shock, which indubitably is treated best by prevention, can be prevented by anesthesia in association with anoci-association. The authors of the book before us refer to the remarkable opportunities for observations during military field service and of the practical experience gained by them and their associates in the treatment with or without anociations of over 46,809 surgical cases. That experience surely makes it possible for the authors to speak authoritatively, and, in consequence, the present volume merits careful study, not only by the surgeon but fully as much by the physician. It is interestingly written, in clear and simple language, and it presents information that all practitioners of medicine are in need of.

"STANDARD NOMENCLATURE OF DISEASES . . . . "

Standard Nomenclature of Diseases and Pathological Conditions, Injuries, and Poisonings for the United States. First edition. Washington: Government Printing Office. 1920. This book can be bought from the Superintendent of Documents at the price of 85 cents.

It is just about a century ago since the last definite attempts have been made to classify diseases, in similar manner as Linné had arranged the plants in his great system. One of the last "classifiers" of diseases, in France, was Sauvages, whose work, issued in five volumes, manifests great ingenuity and deep study. Good's "Study of Medicine," also, followed a similarly-planned classification.

With the rise of pathological investigation and, later, of the recognition of the bacterial etiology of many diseases, it was soon realized that that sort of classification could not stand. Still, for many years, it has been felt irksome and productive of numerous difficulties in discussion and research that different authors applied different terms to like diseases; the consequences being that publications and discussions concerning given disease entities were rendered more difficult because of the different language, as to terms, spoken or employed by the authors.

Certain hospitals, also government medical services, have, for many years, utilized nomenclatures that had been prepared and arranged for their own use. A few years ago, the Council of Defense undertook the preparation of a medical nomenclature which, later, was referred to the Bureau of Census for completion. The work, which is considerable, was carried out by an advisory committee representing the Government medical services and those physicians who had been interested in the preparation of earlier nomenclatures.

The present volume is the result of this work. With a modesty usually quite foreign to government publications, the preface repeatedly emphasizes the fact that this volume constitutes a first edition and that, consequently, it is far from perfect. It is intended to draw from physicians, and all others interested, free criticism that will help to make later editions of greater value. Indeed, such criticism is earnestly solicited.

We announce this volume immediately after receipt of the review copy and before having had time to examine it ourselves, in order to direct the attention of physicians to it and to encourage them to acquire and study the volume, not only for their personal information but also for the purpose of offering such criticism and suggestion as they may find desirable.

Condensed Queries Answered

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report their results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

Queries

QUERY 6497.—"The Synthetic Salicylates." W. T. S., Minnesota, writes: "Do you agree with the statement of the Council of P. & C. of the A. M. A., as given in THE JOURNAL for September 20, 1913, page 979: "After extensive trials, by many physicians, no difference can be detected clinically, either in therapeutic or toxic effects, between salicylates made synthetically and those made from natural oil"?

There still remains some difference of opinion in this office as to the comparative therapeutic value of the salicylates produced synthetically and those made from natural oil.

Some members of the staff agree with the statement of the Council of Pharmacy, to which you refer, and, of course, our chemists unanimously confirm their view, that at the present time there is no difference whatever between salicylates produced from the natural oil or synthetically.

This writer, however, remains unconvinced and invariably finds that he is able to get better results from the natural than from the synthetic product.

A short time ago, one of the most brilliant English clinicians, in writing upon a similar subject, deplored the present tendency to substitute synthetic drugs, stating that, while in many cases they were chemically identical, the physiological action differed materially.

Bear in mind that the statement to which you refer reads: *"No* difference can be detected clinically." Had the assertion been qualified, we might have been inclined to agree with it, for, there is no question that synthetic salicylates produce virtually the same effect as those produced from the natural oil of wintergreen; however, there is this difference: the artificial product is not as well tolerated by the average human being and unquestionably is more likely to produce gastric disorder.

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QUERY 6498.—"Melena Neonatorum." M. B. F., Kentucky, writes: "A girl, weighing four pounds, naked, was born on a Saturday night at 11:30. On the following Monday, she was seized with a hemorrhage from the alimentary canal, vomiting some blood but passing it freely from the rectum, without pain or tenesmus. Hemorrhage continued every four or five hours until the fourth day of her life, when she died. No other sign of purpura hemorrhagica was in evidence. The child apparently was in perfect health during the first thirty-six hours of its existence. Now, what was the cause of that fatal hemorrhage? I never saw, nor read, of such a case and I am certainly puzzled."

The case you describe was a typical one of melena neonatorum, which, fortunately, is comparatively rare. About 40 percent of the patients die within three days. As in this instance, the child passes blood in masses, both from the mouth and rectum, and rapidly sinks into collapse.

The writer has secured results in a few cases by administering 1 drop of tincture of ferric chloride in water, and ergotin, gr. 1-6, alternately every hour. Per rectum, 1 dram of fluid-extract of calendula and 1 dram of extract of hamamelis (aqueous) may be given in 4 to 6 ounces of water, the fluid being retained by making pressure upon the anus. Hamamelin and hydrastine hydrochloride might be tried internally, and, were we to encounter another case, we should give minute doses of

atropine, hypodermically. One naturally would also think of adrenalin. A light ice bag may be placed over the abdomen, the extremities and thorax being kept warm with hot flannels.

As you are aware, a disposition to bleeding is seen in many diseases during the first few days of life, especially those of an infectious character, like syphilis and pyemia. There is, however, another class of disease in which the hemorrhages are not associated with any other known process, and, here, bleeding is much more extensive than in other forms. Unfortunately, treatment usually exerts little influence, and yet, in certain instances, the bleeding ceases spontaneously after a limited time.

In cases of gastrointestinal hemorrhage, autopsy may fail to reveal any definite lesions, but, usually, quite a large quantity of blood is found in both, the stomach and intestines.

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Query 6499.—"Suspicious Uterine Hemorrhage." L. S., Ohio, reports the case of N. C., a maiden lady, age forty, who for the past few years has "flooded" excessively at each period. This has "depleted her system, leaving her very weak and nervous. For several months, she has complained of continual pain (on exertion) in the left ovary, which, formerly, only pained at menstruation. Loses all her vitality and blood through this 'flooding.' This is a charity case.

"I am prescribing calcium lactophosphate, as I consider her a simple 'bleeder' from continency (barring the chance of cancer or ovaritis), also: defibrinated blood, mins. 30; manganese peptonate, gr. 1-2; iron peptonate, gr. 1; nuclein solution, mins. 5, to replenish her blood supply; and, pancreatin, gr. 1-2; papain, gr. 1-2; diastase, gr. 1-2; bilein, gr. 1-32; strychnine sulphate, gr. 1-128; ginger, gr. 1-4; charcoal (vegetable), grs. 2½; sodium bicarbonate, gr. 1, to give her impetus for food. I shall put her on strict diet including galactenzyme, whole wheat, corn syrup and body builders in general. What is your opinion in this case? Do you consider it a case of simple ovaritis or is she a natural 'bleeder' from sex atony and continence? Or would you suspect uterine cancer?"

As a matter of fact, Doctor, we would not dare to venture therapeutic suggestions without having a much clearer idea of the condition of the pelvic organs. There is no evidence to show that this patient is a hemophiliac, and the mere fact that the woman has reached the age of forty, and is still presumably a virgin, cannot in any way be regarded as a principal cause of the menorrhagia—if, indeed, this may be looked upon as a true menorrhagia at all.

Naturally, the most thorough examination is necessary in this case. Considering the age of the patient, we would be very much inclined to suspect malignancy, though the "flooding" is periodic.

You do not give us any idea of the amount of blood lost, length of time the discharge continues, or the character of the flow.

It must be borne in mind that abnormal hemorrhage may be entirely due to a deficient calcium content of the blood; chronic constipation with associated pressure on the pelvic veins; pressure of ovarian or other tumors on the great veins of the abdomen; the conditions leading to back-pressure on these veins; namely, cirrhosis of the liver, Bright's disease, and, more rarely, valvular disease of the heart. Excessive menstruation may follow also shock to the nervous system. It should be borne in mind that the uterine arteries suffer from the degeneration associated with Bright's disease and may be a factor in the excessive loss. In some instances, "flooding" may be due to some vasomotor change and the practician should always remember that excessive and irregular losses about the period of the menopause are chiefly due to very definite and often serious disease, such as cancer.

As you are aware, many women enter the menopause around forty and menorrhagia at this period is not at all uncommon. Some very remarkable results in these cases have followed the administration of mammary substance, but, it would be quite useless to administer this or any other remedial agent if the patient suffers from a uterine neoplasm.

Calcium lactophosphate would not prove as effective in controlling hemorrhagic tendency as would calcium lactate, whole; while a combination of calcium lactate and calcium chloride should produce even better results. Sanguiferrin is an excellent reconstructant. The rest of your procedure is, of course, splendid, but we would again strongly urge you not to continue

treatment until you have made a thorough examination of your patient and are familiar with basal pathological conditions.

As soon as you have some more definite information and feel disposed to write us further, we shall be pleased to serve you to the extent of our ability. In the meantime, do not forget the extreme value of small doses of atropine in the control of hemorrhage.

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Query 6500.—"Internal Use of Formic Acid." J. C. W., Illinois, writes: "I have before me a medical journal in which I find a prescription for formic acid. I did not know it could be administered internally, in fact, I never looked it up. The formula given is: "Commercial formic acid, spec. gr. 1.062." This is a 25-percent solution; the prescription is as follows: Formic acid, 2 fl.-drs.; water to make 3 fl.-ozs. Sig. One dram in a glass of water after each meal. What I want to know, before I try it, is, would it be a safe remedy?"

Personally, we have never administered formic acid and, as a matter of fact, it is very rarely so employed though it was at one time used externally as a local irritant, in sluggish capillary circulation and in enfeebed or paralytic conditions of the limbs.

If the concentrated acid is applied to the skin, it produces a violent burning pain, and may vesicate or even cause ulceration. Gastrointestinal inflammation and hematuria have resulted from its administration to animals. Moderate doses, in man, induce hurried respiration and rise of temperature while larger doses cause rapid breathing and lower the temperature.

The German Pharmacopeia has a "spirit of ants" (spiritus formicarum): formic acid. 2; water. 26; alcohol, 70; which is used in chronic rheumatism in doses of from 10 drops to 1 fluid dram.

Merck describes Acid Formic (25 percent) as diuretic, tonic and antirheumatic, indicated in rheumatism, neuralgia, diabetes and tremor. The dosage is given as 1 to 5 minims; or, as a cardiac tonic in diphtheria, 5 to 18 minims, every four hours with plenty of water. From time to time, the use of formic acid has been advocated, especially in the treatment of rheumatism, but, frankly, we should hesitate to administer this agent to effect believing that there are infinitely more effective and, certainly, safer remedies.

Should you decide to experiment with the formula under consideration, we trust that you will favor us with a report of your experience.

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Query 6501.—"Emetine in Pyorrhea." A. G., California, asks: "What is the latest on pyorrhea and the entameba buccalis? My dentist informs me that the 'emetine idea' advanced by you was only a theory and that it was exploded long ago —that pyorrhea is a local disease, due to direct infection of the gums and teeth through food, drink and kissing. If your teachings still are in the saddle, in what foods or drink is the entameba principally contained and why is it more prevalent in tropical countries? I am using the remedies suggested by you right along, regardless of theories. What do you think of the * * * dentifrice so heavily advertised?

As a matter of fact, the theory advanced by Bass, Johns and others some years ago, and accepted by us, has not been "entirely exploded," though additional study and investigation has caused a general modification of the views regarding pyorrhea, accepted at that time.

It is unnecessary, we are sure, to point out to you that progress is possible only through the formulating of theories and hypotheses, upon which a certain mode of procedure can be based, and these theories must be modified constantly until actual facts are established.

No research is possible without the foundation of a well-considered theory.

Today, we recognize the fact that pyorrhea is a local disease, but, this local disease is possible only as a result of some general or, as we usually say, systemic derangement. To the best of our knowledge, at present, pyorrhea alveolaris is caused by streptococci and the exact method by which they localize around the teeth and destroy the peridental membrane has not been definitely recognized. In the majority of cases, there are other organisms present; in fact, we never have found, nor seen reported, a case in which the streptococcus, usually the streptococcus viridans, was the sole organism to be found in the peridental membrane. In the majority of cases, entameba buccalis and various

pyogenic as well as anaerobic organisms also are to be found.

Doctor Bass originally considered the entameba to be the etiological factor of this disease. This, however, is now questioned by most authorities. At least, it certainly is not the sole cause, yet, when found, unquestionably has some direct causative action. While it is ordinarily considered to be a harmless saprophyte, it really belongs to the class that we have recently called opportune parasites. The streptococcus viridans also belongs to this group of organisms—organisms that in themselves are not parasitic except as a result of some general reduction in the patient's resistance, giving them an opportunity to invade the tissues. They are parasites only when the proper opportunity is presented to them. The entameba buccalis, as well as the streptococcus viridans, is frequently found, either alone or associated, in many socalled normal throats, without any evidence of their producing a pathological condition. They are strict saprophytes. These patients do not have pyorrhea, in fact may never have pyorrhea; unless, as a result of some general reduction of resistance, the opportunity for them to invade the peridental membrane presents itself, the result being, production of a case of pyorrhea that in its extent and severity will depend principally upon the severity of the general constitutional condition, and, to a lesser extent, upon the virulence or invasive properties of these opportune parasites.

It is barely possible that pyorrhea may be acquired through direct infection from food, drink and kissing—we say possible, but, highy improbable. And, further, such a direct infection would only be possible provided there was some general lack of constitutional resistance, because the organisms found, that is, the streptococcus viridans and others, are not parasitic in their nature and do not have highly invasive properties. They ordinarily only produce diseases as secondary invaders. Primary infections by the streptococcus viridans are exceedingly rare.

Therefore, pyorrhea alveolaris is a local infection, it is true, but, it is not a purely local disease and we question whether it is ever due to direct infection. Streptococcus viridans, constantly found in this disease, has not been found in food or drink, but it has been found in the air, particularly the air of rooms, and infection does not necessarily come from food or drink, in fact, more than likely it comes from dust. If it comes from food and drink, it is due not to them but to the dust they carry.

The entameba buccalis probably leads a saprophytic existence outside of the body, much as similar other entamebæ do, that is, on certain vegetables, particularly cabbage and other green foods, and the infection may arise in this manner.

All amebic diseases are more prevalent in tropical climates owing to the greater prevalence of amebæ in these climates, therefore, the greater opportunity for infection.

Amebæ may also be found in water, particularly surface waters, but they are comparatively few in number and found principally in stagnant pools, although reservoirs for storing water usually contain them in large numbers.

The proprietary tooth paste of which you speak has been rather thoroughly dealt with in the *Journal of the American Medical Association*, and the claims of the manufacturers have seemingly been exploded. The acid phosphate present in this paste will not activate pepsin, therefore, the combination will not digest the film as is claimed. In the writer's opinion, the preparation has no greater efficacy than the usual mechanical powder or paste; and, such it really is, its chemical action having been, at least seemingly, disproved.

Sleep Restores the Balance of Efficiency

Loss of sleep is a form of starvation more certainly destructive, even than that resulting from the lack of food.

Sleep, on the other hand, reverses the downward trend caused by our waking activities and elevates us, physically and mentally, to a point of efficiency commensurate with the quality and quantity of sleep we have experienced.

A scientifically built mattress is not the least important factor in inviting sleep of complete relaxation and thus completely restoring the balance of efficiency.

In the Sealy Mattress every requirement of hygienic design, sanitary construction and physiologically correct service has been met. Only antiseptically cleaned long fibre cotton is used and the special air-weave process makes it a complete unit **without tufting.** This mattress invites deep, restful sleep because of its resiliency, and because of the unbroken, smooth surface which molds itself to support every part of the body.

SEALY MATTRESS COMPANY
SUGAR LAND, TEX.

News Notes Department

Were you to select but one electrical appliance for your office which would it be? Would it be the McIntosh No. 8 Polysine Generator? It might. Those who care to settle the matter are invited to look up the advertisement in this issue and write the manufacturers for a descriptive circular. As a small, simple and inexpensive equipment it promises well. We are told that it generates both the galvanic and the sinusoidal currents, and these in many variations. It has eight different modalities. It is built for operating on an alternating current.

The Polysine Generator is new among electrotherapeutic appliances, the fruit of past experience, the result of simplification. But the McIntosh Battery & Optical Company, 217 North Desplaines, Chicago, makes many others. Their 40th edition catalogue is ready for mailing to all who request it.

There are many opinions in reference to hygiene of the mouth and teeth but the number of people inclined to the use of mouth-washes habitually, or on occasion, is sufficient to create a very large demand for ready-made antiseptic solutions that conjointly, with their antiseptic properties, are agreeable to the taste as well. Indeed flavor in preparations of this sort is a desideratum not to be ignored. Further, such a preparation must be non-toxic, that is to say quite harmless when swallowed or freely used. A clarity of solution and a bright color, as red, helps to endear it to the user and the household, for essentially it is more or less a household or toilet article.

Lavoris is of this class. Its makers claim it has healing action, in contact with sore or inflamed gums and cankerous mucous surfaces. The zinc chloride in their solution should be beneficial. But let the doctor decide for himself before recommending it; samples will be sent him for inspection and trial.

As we have said elsewhere the hay fever season is near. And now is the time for the patient to consult his or her doctor and for the doctor to warn his patient. Properly the trouble should be anticipated and prophylactic treatment begun about six weeks in advance of the first sneeze. For this purpose the Lederle Antitoxin Laboratories, New York, offer what they term a Pollen Antigen. Used early and con-

Examination of Pathological Tissue $5.00

Accurate histological descriptions and diagnoses of tissues removed at operation should be part of the clinical record of all patients.

Autogenous Vaccines $5.00

We culture all specimens aerobically and aenaerobically and isolate the offending organisms. Pipettes for collecting material for autogenous vaccines sent upon request.

Wassermann Test, Blood or Spinal Fluid . . $5.00

We do the classical test. Any of the various modifications will be made upon request without additional charge.

All other routine laboratory work done at reasonable prices.

Sterile containers with complete instructions for collecting all specimens sent gratis on request.

NATIONAL PATHOLOGICAL LABORATORIES

Chicago, 5 S. Wabash Ave. | New York, 18 E. 41st Street | Brooklyn, Chamber of Commerce | St. Louis, University Club Bldg. | Detroit, Peter Smith Bldg.

The Pepsodent PAT. OFF REG U S Page

Polishing Agents

In the ideal tooth paste the polishing agent is an important ingredient.

It must be efficient, yet entirely safe for daily and vigorous use.

Tricalcic phosphate, found in Pepsodent, meets these requirements in a high degree. It is finely powdered and bolted through cloth running 200 meshes to the inch.

* * * * *

Tricalcic phosphate is the chief tooth constituent. It composes about 95 per cent of the tooth structure.

Being a like substance, it attains the maximum efficiency for continued use. Yet it clearly is not harder than the teeth.

* * * * *

A well-known physicist has made scientific tests with it. His conclusion was that the Pepsodent polishing agent will not scratch enamel.

To complete the proof, mounted natural teeth in our laboratory have been brushed with Pepsodent 200,000 times. These teeth show high luster, but not a sign of abrasion or of scratching.

* * * * *

These facts are highly important. The usual polishing agent — chalk — would be very much cheaper.

But chalk is less efficient. And the purpose of Pepsodent, in every way, is new efficiency.

* * * * *

Bear in mind that Pepsodent contains no soap. In the ordinary tooth paste soap acts as a lubricant, and the polishing agent becomes less conspicuous.

In Pepsodent this agent is more apparent, but its constant use offers no possibility of harm.

Major Qualities

Pepsodent is acid in reaction, in accord with the best thought of the day.

It contains activated pepsin to combat the albuminous plaque.

It contains no soap, no chalk, no harsh abrasive.

Write for a tube to try, if you have not done so. Cut out this reminder so you won't forget.

Pepsodent PAT. OFF REG U S

The Scientific Dentifrice

Based on Activated Pepsin the Digestant of Albumin

THE PEPSODENT COMPANY, 357
5719 Ludington Bldg., Chicago, Ill.

Please send me, free of charge, one regular 50c size tube of Pepsodent, also literature and formula.

Name .....

Address .....

Enclose card or letterhead

sistently, they say on the basis of past experience, that it will confer immunity in 82.7 per cent of cases as they come, either total or partial, the symptoms being decidedly ameliorated. It has been used in more than 12,000 cases, we are told.

Those of our readers who are interested should turn to the page announcement which will be found in this number and send for data, which the company will gladly furnish.

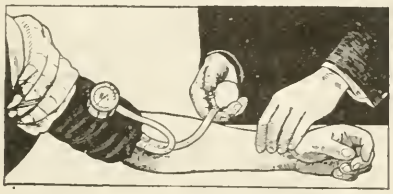
In England one of the best known food preparations bears the name of Virol. According to the information given, it contains in condensed form and compass the nutritive principles of eggs, marrow fat and malt. These materials are made into an emulsion and flavored with lemon juice. While also suitable for nourishing the sick especially during convalescence, as well as the aged in whom the digestive functions have grown feeble, it is most of all esteemed abroad for infant feeding, when the infant fails to thrive as it should with nursing or has not access to the breast. In such cases Virol is added to barley flour or to whatever other cereal food basis is selected. It has given very good results we learn in rickets, epidemic diarrhea, and malnutrition cases as a class. It is advised for delicate children who appear not to derive the needed sustenance from the regular diet.

The Etna Chemical Company, 59 Bank St., New York, are selling agents for this preparation in this country. They are best known to medical men as producers of Phenalgin, antipyretic and anodyne. While effective for relief of pain they affirm that it does not suppress bodily secretions, nor interfere with elimination, nor depress the heart unduly, as do the opiates. They offer samples for trial purposes. At the last moment it occurs to us that Phenalgin is now being supplied to the market by Geo. C. Cook & Co., Inc., of the same street address, to whom sample requests should be sent.

For good reasons, made obvious with experience, doctors are not sending as many patients away as formerly but are treating them at home. Once, as we know, they were dispatched here and there, to the remotest places, quite indiscriminately; so that material was available for the comic papers from the fact, isolated though it was, of the doctor advising some poor indigent patient of his to go south for his health. Many tuberculous people were thus ill-advised, only to die in many instances, at least indirectly, from the effects of underfeeding and nostalgia.

Today, however, it is noticeable that patients of this class are being treated at home, here in the north, with good results. So too is the home treatment of drug and alcohol addicts proving prudent and to the best interests of both doctor and patient. In this connection the treatment of Dr. Quayle (see our classified column) may be cited. We understand his method is successful. He says it removes craving in three days and accomplishes the end without unduly depleting the individual's store of vitality.

On the other hand, to take the view of those who insist that addiction cases cannot properly be taken care of at home, we may consider the



Six Reasons for

using a

SANBORN BLOOD-PRESSURE OUTFIT

Accuracy—
Guaranteed to possess and maintain the full measure of accuracy demanded by the most careful practitioners.

Durability—
A hard-to-hurt gage. Ordinary jolts mean nothing in its life, yet it registers the slightest pressure.

Sanborn Service—
A free service which keeps the instrument in constant adjustment. Tests as often as desired. Service outfits furnished while instrument is being repaired in case of accident.

Guarantee—
No time limit on guarantee against defects in workmanship or materials. Such faults corrected free of charge, regardless of length of time instrument has been in service.

Free Trial—
Sent to reputable physicians for trial in actual practice. No advance payment required.

Economy—
By selling direct to physicians, we are enabled to price the Sanborn 30 per cent below similar outfits on the market.

PRICE **$17.50**

Why not mail the coupon now and find real sphygmomanometer satisfaction?

SANBORN COMPANY,
79 Sudbury Street, Boston 14, Mass.

You may send me a Sanborn Blood Pressure Outfit for trial. I shall return it if not satisfied. If I keep it, I'll remit $17.50.

Name .....

Address .....

When Coffee Is Contra-indicated—

Regardless of the fact that the moderate use of coffee generally appears unharmful to so many, every doctor recognizes that certain individuals do better without it.

To deny the coffee user his favorite cup is sometimes imposing a hardship; but an easy way around the difficulty is found in suggesting a trial of

INSTANT POSTUM

The advantages of Postum are many. Made instantly—a cup or more at a time—its strength may be varied to suit individual taste.

Postum is wholly free from caffein, and makes a delightful meal-time beverage. Children are especially fond of its flavor.

The recommendation of Postum in place of coffee, when medical opinion so rules, serves as a convenient as well as economical adjunct to treatment.

"There's a Reason"

Samples of Instant Postum, Grape-Nuts, and Post Toasties, for personal and clinical examination, will be sent on request to any physician who has not received them.

Postum Cereal Company, Inc.
Battle Creek, Michigan, U. S. A.

institution, such as the Ralph Sanitarium, which have facilities for treating just this class of patients. From the side of the institution there is much of course to be said. The patient can be kept under constant surveillance of attendants especially trained for this work. There is no coddling or intermission in the prescribed treatment, or begging off on the part of the patient to his own detriment; at least there is less of this than is likely in the average home treatment, with the family physician in charge. Moreover, it may be said that the patient at all times and in every possible emergency is able to command medical service quickly; his diet can be regulated to a nicety; and so on and so forth. Then again, there may be private reasons why it is best to trundle an addict off to an institution. Who knows? At any rate, we note that the Ralph Sanitarium is in Kansas City, at 529 Highland Ave.

When seeking a location or needing an assistant or desiring a hospital appointment or a laboratory position, there are at least two ways of going about to find what is wanted. One way is to advertise in the columns of the leading medical journals and this is often and perhaps usually successful. The other way is to consult the medical broker whose business it is to find locations for doctor and assistants and positions. He brings the seeker and the sought-for together, as we may say. He is naturally in touch with both and logically the agent to make the connections desired. To be sure there is usually a registration fee or a fee of some sort for the service rendered but if reasonable no one will object to that. The main thing is to find what is wanted.

The Medical Echo Company, Lynn, Mass., are engaged in this work and have been so engaged for many years. They have at all times a list of locations, openings, partnership and assistantship opportunities, for the acceptance or refusal of clients.

The efforts of pharmacy in late years have been largely directed to making old remedies acceptable to the palate and the stomach. An evil taste and a nauseating effect following ingestion militate considerably against the favorable results desired. A very distasteful remedy, though of acknowledged virtue, is frequently refused by the patient and with hesitation prescribed by the doctor. A remedy that upsets the stomach with every dose given is hardly likely to become popular and, no matter what its theoretical efficacy, is more likely in the end to prove harmful than otherwise.

Creosote is a drug that is highly esteemed and where well borne it affords results but as usually offered it is not well borne by many patients. For such Calcreose may be considered. make it. —

Even in large doses it is said to cause no gastric disturbance. The Maltbie Chemical Company

—

Among the new numbers added recently to the growing Abbott list is Benzyl Benzoate. This is definitively a non-narcotic anodyne, chemically an ester of synthetic derivation, and therapeutically a substitute for the usual pain-relieving

FEL BOVINA

A combination of oxgall with laxatives prepared in a manner in which the oxgall retains its full value. It is known that the extract loses considerable strength when dried and, therefore, the liquid preparation is to be preferred.

FEL BOVINA increases the secretions of the liver, pancreas and intestinal glands and is especially indicated in hepatic and intestinal disorders. We highly recommend this preparation in acute congestion of the liver with imperfect discharge of bile or catarrh of the common bile duct.

We will gladly send sample of FEL BOVINA upon request so that the physician may fully appreciate its therapeutic value.

STEARNS & WHITE CO.

Established since 1887

CHICAGO, - - ILL.

Dioxogen

H_2O_2 12v

A Peroxide of Hydrogen

that is

1. Superior to U. S. Phar. standards for purity and strength.
2. Notably free from irritating or toxic action.
3. Odorless, practically tasteless, neutral in reaction and contains no acetanilid.
4. Powerfully antiseptic, detergent and healing.
5. Invaluable in the home, the office, the factory and wherever a dependable non-toxic germicide is needed.

The Oakland Chemical Co

59 Fourth Avenue
New York City

Antiseptic
Germicidal
Cleansing
Deodorant
Prophylactic

Stable
Non-Toxic
Non-Irritating
Odorless
Non-Staining

opiates. No less a personage in the medical field than Dr. David Macht proposes it in place of the opiates for subduing pain, more particularly pain of a spasmodic character, that is to say, that type of pain which originates in or attends spasm and contractions of the smooth muscle organs, such as the intestine, uterus, urinary bladder and the bronchial rings. It lowers the tonus of such muscle tissue.

The new anodyne is useful in several painful disorders for which opium and the opium alkaloids, with or without atropine, have been used in the past. Chief among these is dysmenorrhea. From many clinical sources comes the report that Benzyl Benzoate affords gratifying relief in this ailment, which today is one of the most common complaints heard by the doctor.

The drug is supplied both in tablet and elixir form. An informative leaflet is mailed out on request.

Users of vaccines and all who keep apace with the developments of vaccine therapy know G. H. Sherman, of Detroit. For he has long been a producer of these products, as alert and enthusiastic as one is when he really believes in the things he does.

Now that the hay fever season is near his vaccine for the treatment of this ailment is of timely import. He calls it his No. 40 and asserts it is effective. He has an idea that pollen irritation is not the sole etiologic factor in hay fever. It doubtless begins the trouble but once begun by foreign body irritants, as pollen, the symptoms are aggravated and kept up by the streptococcus and other organisms which are more popularly connected with colds. With this idea in mind he offers his No. 40 vaccine, advising that treatment with it be begun two weeks at least before the annual date of recurrence. His leaflet on the subject may be had on request. With its use conjointly the pollen products (antigens) are said to give better results than when used alone.

This is the day of soft drinks, as are called the innumerable beverages which contain no alcohol. Since the latter was legislated out of the market new and strange alcoholless drinks have been brought out by opportunists, but it is noticeable that the ones we knew before the war are most popular, probably because they deserve it, because they are time-tried, because they have continued for long to satisfy the great public.

One of them is grape-juice, Welch's of course. It is truly an excellent beverage, not only from the fact that it satisfies the thirsty, and is particularly refreshing on hot summer days, chilled with a little ice and served thus plain and undiluted or with carbonated water, half and half, but from the fact that it contains nutriment and real food value. With this additional asset grape-juice becomes an article in the dietary of the sick, that is quite acceptable and wholesome, when during anorexia or fever or gastric distress there is call for special feeding.

In gout heretofore colchicum has been universally employed as a remedy and not without results, though frequently no impression was

EVOLUTION IN ANTISEPTICS

has emphasized the superiority of the agents

Acriflavine GH **Proflavine GH**

which are diamino acridinium salts suitable for use by local application, intramuscular, intravenous or urethral injection in Suppurating Wounds, Septic Infection, Acute or Chronic Urethritis. Do not precipitate albumen. Potency increased in presence of blood serum. Promptly diffusible. Do not inhibit phagocytosis. Non-irritating.

ACRIFLAVINE GH and **PROFLAVINE GH** are far less irritant and toxic than the acridinium derivatives used abroad or formerly sold in this country.

Acriflavine and **Proflavine** have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. for inclusion in New and Non-Official Remedies.

Send for Literature Price Lists, etc.

HEYL LABORATORIES, INC., 437 BARRETTO STREET, NEW YORK

Kellogg's
KRUMBLED BRAN

An exceptional constipation corrective

An all-bran laxative food that has no resemblance to ordinary bran in appearance and flavor, Kellogg's Krumbled Bran has a delightfully pleasing goodness that appeals to the patient.

You never tasted bran so good—thoroughly cooked and ready to serve. Every package sealed in the Kellogg "waxtite" wrapper which positively insures the original freshness and flavor being retained.

This signature on every package guarantees the genuine— W. K. Kellogg

A request upon your professional stationery will bring a generous sample for your approval

KELLOGG TOASTED CORN FLAKE CO.
BATTLE CREEK, MICHIGAN TORONTO, CANADA

made upon the disease-process to any noticeable degree. The synthetic medicinal known in the laboratory as phenyl-cinchoninic acid appears clinically to relieve the pain more quickly and effectively however and for this reason is superseding it in practice. Not only in gout is it being used with reasonably good results, but also in rheumatism, neuritis, arthritis, myalgia and kindred ailments.

The drug, which currently is offered under the name of Atophan by Schering & Glatz, 150 Maiden Lane, New York, by selective action on the kidneys, the precise nature of which is as yet in question, results in an increase of the urine voided, over the ordinary quantum; also in an increase of the uric salt excretion to such a degree that, even under ordinary diet, the blood will show no more than the normal percentum of such salts where before treatment the percentum was much higher than normal. The company will be glad to send a leaflet of information to those wanting to know more of its pharmacodynamics.

Were cascara to be taken from us it would certainly be missed. Few drugs have made for themselves a surer place in medicine. Lending itself to the treatment of a very common affliction, and behaving in a manner which on the whole is quite satisfactory, at least to many, it has acquired wide usage. Competition with new remedies has lost it some favor but there are those aplenty who still regard it, despite innovations, as an excellent laxative.

Certainly it is better than some, because less harsh in its action on the bowel musculature, because less irritant on the local mucosae, because of its having as users insist a decided influence on the biliary function, stimulating it when stagnant. The last is a desideratum of no small importance, for deficient bile secretion is no doubt at the bottom of many a case of constipation.

It only remains to choose for medication a reliable preparation, in which the remedy is combined with other synergistic ones. Pil. Cascara Comp., offered by the A. H. Robins Company, is said to be one of the best.

Chlorazene, Abbott, is distinctly superior to the hypoclorites, because, as Doctor Dakin says, it is more stable, less irritating and can be used in greater concentration.

No matter what injection or other topical medication is used against gonorrhea, most authorities agree that the diet needs looking after and that much can be done to assist to a cure by means of internal remedies which render the urine bland by free diuresis and dilution. For no doubt a circumscribed area anywhere along the urinary passage, once inflamed by germ activities, is kept so almost indefinitely by contact with urine of high specific gravity, such urine being more or less irritating.

Further, it is known that certain remedies orally administered are conveyed from the body in the final process of discharge in the medium of the urine, and while passing exert on the urinary mucosae quite decided effects, soothing, antiseptic or astringent. Oil of sandalwood and balsamics, as well as the resinous principles of

DOCTOR

The Persistent Puzzling Pain of the

Curable Chronic Case

is removed by the use of

The Roemer Perfect Light — and — Roemer Tension Table

better than by any other means

Write for Particulars to the

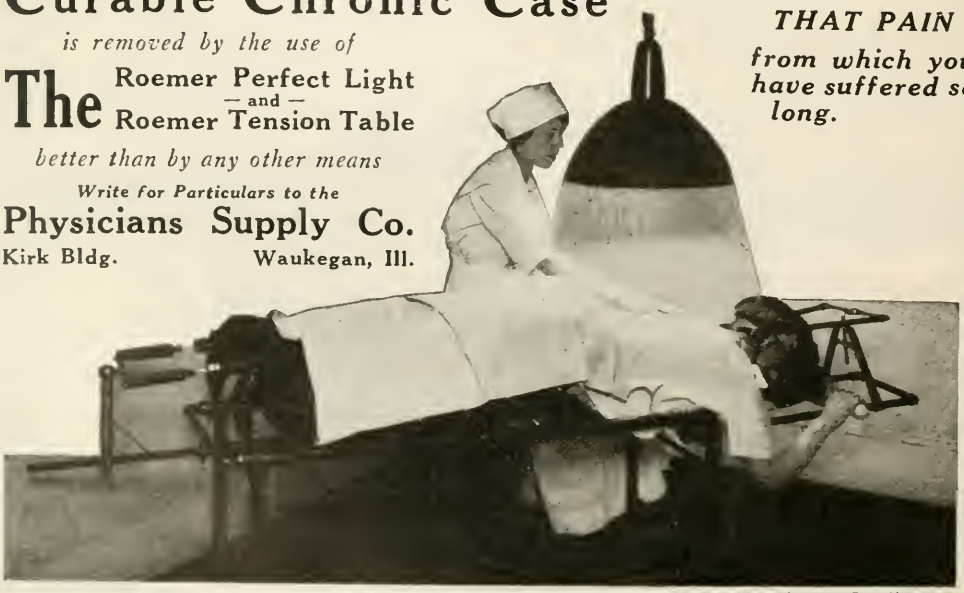
Physicians Supply Co.

Kirk Bldg. Waukegan, Ill.

You need the table to help rid you of

THAT PAIN

from which you have suffered so long.



Patent Pending.

"All men have eyes, but not all have the gift of penetration"

Blind acceptance of the fallacy that syphilis can be cured by arsenic compounds alone, without the use of mercury or iodides, is giving way to the realization that in many—if not in most cases—"mixed treatment" cannot be dispensed with.

Pil Mixed Treatment (Chichester).

Hydrarg. Biniod gr. 1/120. Potassium Oid. Gr. V accurately and efficiently meets the indications for the present day therapy of leutic cases.

Some important advantages of Pil Mixed Treatment (Chichester) are:—
Ready solubility of the mercury in combination with KI,
Avoidance of gastric disturbance,
Convenience of administration—pills can be taken unobtrusively under any conditions,
Economy—combined action of mercury and iodide in one agent,
Uniformity of action. Purity of content.

Exact adjustment of necessary dosage to each individual case.

Pil Mixed Treatment (Chichester) is a time tested, trial proven product, known to and used by thousands of physicians whose gift of penetration, enables them to appreciate the value and importance of using methods and agents that bring results.

Put up in bottles only. Price $1.00

Sample and literature to physicians on request

HILLSIDE CHEMICAL CO.

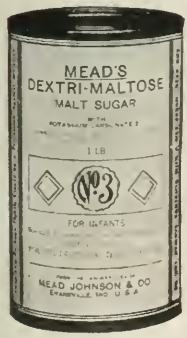
NEWBURGH, NEW YORK

How About Infant Feeding This Summer?

USE MEAD'S DEXTRI-MALTOSE

COW'S MILK and WATER

A pure Maltose and Dextrin, made by the **Enzymic Action** of the Diastase of barley malt on the starch of CEREALS.



Particularly valuable for diet control in the feeding of infants. We would be glad to send you literature on Summer Feeding and give you 14 reasons for using DEXTRI-MALTOSE.

Mead Johnson & Co.
Evansville, Indiana

MEAD JOHNSON & CO. (C-M)
Evansville, Ind.

Please send samples of DEXTRI-MALTOSE; also information regarding this product.

Dr. .....
Street .....
Town .....

kava-kava are among these. Such remedies are combined in Gonosan; the combination is announced in our journal this month. It is marketed in boxes of fifty capsules.

Attention is called to the advertisement of Reed & Carnrick in this number. They offer a trial quantity of four leading specialties of theirs, one being a digestant for general use when the gastric function is atonic and unequal to its task; another being a liquid food as it may be described, since it supplies vitamine and other nutritive principles in a form easily taken by the sick and convalescent, whom it should help to sustain during a crisis, when ordinary food is not well borne, and to upbuild in the after period; the third is addressed to renal disease.

This last is supplied under the name Nephritin. It is a glandular extract, derived from kidney substance (cortical cells) and containing its enzymes and cell secretions. The fourth product is also of this class, a pluriglandular preparation representing the internal secretions of the principal endocrine glands. It is recommended for the treatment of cases showing suboxidation and asthenia.

Anyone looking for a small, compact outfit for radiographic work will be interested in the one advertised this month by the General Electric Company, in our pages. As the illustration indicates, it is about as compact as can be, and so is easily transported for use outside the office and the laboratory. Operating directly from any lamp socket without special wiring, it may be taken into the home for bedside application. The procedure is about as easy and simple as attaching an electric iron, leaving the difference in weight out of consideration. The gross weight of this outfit, as packed for transportation is only 125 pounds, however.

We are told it will do all that the larger appliances do except gastro-intestinal work. The capacity of the outfit is 10 milliamperes at a five inch gap. The radiographs produced by it are said to be well and clearly defined.

The price is not mentioned in the advertisement. Those interested are invited to write for this and other information in detail.

What is more annoying to the doctor when, on having occasion to use his syringe, he finds it clogged or otherwise out of order? At such a time the poise and temper of the gentleman is only maintained with the greatest difficulty. At the best he must lose a quarter of an hour or more trying to put it in working condition; at the worse he will make a botch of the task in hand. Then too, the occurrence shows him in a bad light. The patient sees him careless, careless in the choice of his tools, careless in the keeping of them.

The Western Supply Co., Canton, Ohio, assure us that their hypodermic syringe is constructed in such fashion that it will give no trouble. In the first place it has a hollow piston, say they, which is filled with oil, this for the purpose of keeping the packing from drying out. That is what, in the ordinary instruments, makes them work hard and sometimes causes

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The Laxative *for* Children

KASAGRA contains no active ingredients other than Cascara and gives the tonic laxative effect in its entirety. Being concentrated it is therefore effective in small doses.

Because of its agreeable taste and mild but prompt and effective action, constipation in children readily yields to Kasagra.

Use the Original

The term "Kasagra" was coined and adopted to protect the medical profession, druggists and ourselves against preparations bearing the name "Cascara Aromatic," a title original with us. You can make sure of obtaining the original and genuine full strength Cascara Aromatic by specifying "Stearns' Kasagra" on your prescriptions.

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In Business Over Sixty Years

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Are You Applying Physical Therapy In Your Practice?

Physical Therapeutics, a few years ago, was used by a comparatively few physicians to any appreciable extent, because only these few had investigated thoroughly and studied the subject sufficiently to be able to *apply these means intelligently.*

Physical Therapy is today established as an important means to successful medical practice. It has come into its own by the remarkable results accomplished during and since the war, by the U. S. Army Medical Department, also by the British and French Armies. The value of physical therapy is therefore no longer in doubt.

One of the first essentials for successful application of physical therapy modalities is: Correctly designed apparatus of a dependable quality that inspires confidence.

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has served in the field of medical science for more than twenty-five years. It embodies the skill and experience of craftsmen who have been specializing in the manufacture of electrical needs of the medical profession these many years. Victor apparatus therefore passed the experimental stage long ago—it is fully developed and being kept abreast of the times.

Let us give you full particulars on equipment suitable to your individual practice. We have a number of clinical reprints that are of pertinent interest—they will be mailed you upon request.

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Applying Slow Sinusoidal Current to extensor muscles of leg, building up the atrophied muscles
U. S. General Hospital No. 28, Ft. Sheridan, Ill.

them to break under the force required to propel the piston forward. But those interested ought to write for the catalog issued by the makers which describes this syringe in detail.

The prescriber is gradually learning to specify what he desires his patient to have. Of course, abstractly, he desires him to have the best and most potent preparation of any and every drug but, practically, he may not always be sure of getting it unless he names the brand or make in each instance. And this he is beginning to do, in realization of this fact. And surely it is best to do so, in the interests of all concerned, for naturally there is in the market both the good and the poor, the potent and the inert, the genuine and the spurious. Drugs like other commodities are not always what they purport to be. Hence the importance of the label that is upon the bottle; hence the importance of specifying.

Merck & Company have made fine chemicals for medicinal and laboratory use for a great many years. Their products are well and favorably known in this country, as also are their efforts in behalf of scientific pharmacy, good and sufficient reasons for the prestige they enjoy.

I would surely feel lost without CLINICAL MEDICINE. I like it better than any medical journal I ever saw. Dr. J. L. Dorough,
Coyle, Okla.

As a breakfast food Quaker Oats is a leader. New foods have come one after another since this brand was devised. The company that makes it has in late years followed it with others, such as Puffed Wheat and this acquired popularity almost at a bound, although good old-fashioned oatmeal has its staunch partisans. who insist that nothing else can be as nutritious.

Without reciting the comparative food merits of these two breakfast foods, in terms of calories it is worth considering that wheat in the present form, puffed or exploded as the makers say, is not only highly nutritious but also extremely digestible. As a morning dish, with milk or cream, it is light and taxes the stomach but little. Those who complain that oatmeal disagrees with them, and of such there are not a few, may do well to try Puffed Wheat. As is well known, the stomach in many cases is unequal to heavy tasks early in the day. And speaking of taste, in the sense of palatability, this puffed type of breakfast food lacks nothing. The puffed wheat granules are crisp and good to eat, especially when served with cream.

To conceive a dietary for the sick, to supply nourishment where there is no appetite nor capacity for proper digestion on the part of the stomach, is not the easiest task that falls to the doctor. Sometimes he may shift the onerous business to his nurse; and sometimes a member of the household, with a smattering of dietetic learning, will help him out. But most it is up to him, as we say, to say what the patient may have to eat. And often it happens that what

Two Points

of necessity in a doctor's office—

A Paper of Pins

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Tyree's Antiseptic Powder

One Holds and the other Heals.

The holding power of the pins you know about. The healing power of the powder is greater because it never slips out. This useful little utility will be ***mailed free*** to doctors upon request.

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PULV. ANTISEPTIC
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FROM ONE TO FOUR TEASPOON FULLS TO BE ADDED TO A PINT OF TEPID WATER AND USED FREELY TWO OR THREE TIMES A DAY
J. S. TYREE
CHEMIST
WASHINGTON, D. C.

J. S. TYREE, CHEMIST, Inc.

Washington, D. C.

The Case For Coffee

Number Four

It must be admitted that until very recently medical knowledge of the actual dietetic value and consequent therapeutic worth of various foodstuffs and beverages, has been largely theoretical. Hence, the opponents of coffee have relied upon arguments based upon supposed facts assumed to have been established. For example, coffee has been regarded as capable of interfering with the digestion of food and inhibiting the elimination of waste material. Vaguely expressed, coffee can cause "biliousness," "dyspepsia," etc. Fraser has stated that caffein of coffee favors digestion rather than otherwise. Hutchinson states that, "As regards the practical inference to be drawn from these experiments and observations, it may be said that in health the disturbance of digestion produced by the infused beverages is negligible." He quotes Roberts as suggesting that the slight slowing of digestion they produce may be favorable as tending to compensate for too rapid digestibility which refinements of manufacture and preparation have made characteristic of modern foods! So much for another half-truth so much depended upon and used by coffee critics. Hutchinson also states, "the question has been much debated whether or not caffein lessens the waste of the body." "Indeed," he concludes, "all experiments go to prove to the contrary, namely that caffein tends to increase rather than diminish tissue waste."

Another fallacy exposed —the far-fetched claim that coffee hinders elimination and lessens the removal of products of digestive waste.

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Publicity Committee of the United States

the patient may eat and will eat are two different things. Junket is an excellent food for the sick, many doctors think. This is a sort of pudding, made from milk curdled by means of rennet. This ferment is now to be had in convenient tablet form, the product of the Chr. Hansen Laboratory, Little Falls, N. Y. Junket like custard is easily digested, and most patients like it. It can be made especially tempting with fruit flavors; it may also be colored, if desired by means of some harmless food color to win over the finical. Those unacquainted with it should write for sample tablets; for the proof of the pudding is in the eating.

That iron is a good remedy in the treatment of anemia is a matter in which there are few discordent views; it is also generally admitted that arsenic is valuable. The questions that arise concern far less these drugs themselves than the forms in which they are to be given. As to that, opinions are many and contradictory. Some assert that no form of inorganic iron is utlized by the organism, no matter what the salt may be.

Be that as it may, the Henry Pharmacal Company, 121 Vine St., St. Louis, affirm they have a preparation of iron and arsenic that does give results in anemia, as attested by a blood count and examination after a course of medication. They call it: Three Chlorides. For purposes of trial on the part of physicians, a full stock (original) package will be sent on receipt of 30 cents, this to cover the cost of carriage. The bottles are of 12-ounce capacity. No doubt some of our readers will be disposed to take advantage of the offer.

Surgeons will be interested no doubt in the rather ample line of supplies made for them by the Hollister-Wilson Laboratories, Chicago. They are specializing in sterile suture materials, bone splints and kindred commodities. They supply catgut in sealed glass tubes, variously prepared to suit all needs and fancies: plain, chromic, iodized and otherwise. Kangeroo tendon and silkworm gut are also to be had from them, in similar packages, sterile and ready for use.

They are also prepared to furnish quite a number of animal derivatives of the non-surgical type, such as benzoated lard, red bone marrow, pepsin and glandular extractives. Their catalog is interesting; it carries many fine

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Dr. Burton B. Grover will deliver his second course on Physio-and Electro-Therapy at the Little Theatre, Kansas City, May 24-26, at which time a series of interesting clinics will be held. An additional feature of this course will be a special demonstration on the treatment of tuberculosis, given by Dr. Jefferson D. Gibson of Denver, who is recognized as an authority on pulmonary tuberculosis. Tickets for course, $25.00.

For program and registration, address, Dr. Charles Wood Fassett, Sec'y, 536 Ridge Bldg., Kansas City, Mo.

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ARSENIC AND MERCURY	5cc Sodium Dimethylarsenate. (Cacodylate) U. S. P., 2 Gms. (31 grains) Mercury Iodide U. S. P. 5 mg. (1/12 grain). Also in 1.5 gm. and .7 gm. doses.	Syphilis, Tropical Fevers.
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SODIUM SALICYLATE	5cc Sodium Salicylate U. S. P., 1 gm. (15 grains).	Tonsillitis, all Streptococci infections, Acute Arthritis, etc.
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HEXAMETHYLENAMINE	5cc Hexymethyl. U. S. P. Uretropin Formin, 1.5 gm. (24 grains).	Pyelitis, Cystitis, Colon infections. Toxemias of Tuberculosis. Pelvic infections, Pneumonia, Meningitis, etc.

TECHNIC: Do not dilute this solution. Break Ampoule, draw into all-glass syringe and attach a 23 to 25 gauge hypo needle. Use tourniquet or have patient grasp the arm with his free hand until the veins at the bend of the elbow stand out prominently; run the needle into the vein quickly. Blood usually comes back into syringe back of needle or can be drawn back to be certain that needle is in the vein; release pressure, then inject slowly.

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Producing ethical Solutions for the Medical Profession exclusively.

package illustrations; and may be had on request. Typographically it is one of the prettiest of printed things that has come to our attention for some time.

The doctor proverbially is a poor business man, which among the rest is saying that he is a poor collector. He can work like a demon, work while others sleep, travel long distances in the blackest nights, all quite likely without complaint; and often we find him exhibiting an endurance that is almost superhuman. He can cure the sick. He can make the halt and lame to walk. But he is proverbially a poor collector. He neglects to send out his statements, as business men do regularly. He allows himself to be imposed upon by people who can well afford to pay but are not inclined to do so. He has always a lot of money due him and many old accounts.

This deficiency, recognized, has led collecting agencies to offer him their services. The Hoosier Agency, of Warren, Ind., is doing a great deal of collecting for doctors, often accomplishing what would be beyond the attainment of any but experts in this line. No fee is asked in advance; instead, a fractional part of the money collected and turned over is retained by the agency for its services.

The idea of evaporating milk to dryness, leaving only the solids thereof, was destined to materialize into one of the most popular food products of our time. The residue thus obtained, by a process that is rather involved, comprises the phosphate and carbohydrate principles resident in ordinary cow's milk. It lends itself to wide usage. Unlike fresh milk it is always available and transportable; will keep in any climate; is not readily contaminated. Such are its advantages. When wanted, it is only necessary to rub the powder into a smooth paste with a spoon, then adding water. The concoction may be flavored if desired. But Horlick's Malted Milk is too well known to need description. It is a common beverage at the fountains; a good drink to take between meals during a wearisome day, for the fagged-out person.

Above all, it is a food well suiting the requirements of the sick, the convalescent, and the aged. It is to be remembered in cases needing a light and easily digested dietary, when ordinary food is distasteful and is otherwise ill-advised;

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Don't run from such cases but read and save them
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THORO is a remarkable combination of sterilized corn meal, olive oil and boracic acid. It comes in a nickel top refillable 4 ounce container, fresh to your hands—the first it has ever touched. It makes a delightful creamy lather which removes every trace of dirt. No matter how often you wash your hands you will find THORO prevents chapping and cracking of the skin. It is fine for bath, face, shampoo, and for all toilet purposes. Dr. H. J. Achard of the Clinical Medicine staff, says. "THORO is the best thing for shaving I have ever used." Doctor, send for a package today. It's free.

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for milk as we know is elementally one of our best foods, supply carbohydrate, proteid and inorganic materials (calcium for example) in one medium.

When Ehrlich first introduced Arsphenamine (Salvarsan, or, "606"), he hoped, it will be recollected, to have discovered a means for bringing about a *sterilisatio magna,* that is to say, a method through which all pathogenic microorganisms in the body fluids might be killed out. This was soon found to have been a vain hope. Indeed, the virus of syphilis, if placed in solutions of arsphenamine, failed to be killed. If, however, even a small quantity of extract of liver was added, the treponemas are destroyed.

Thus it was found that the cumbersome and difficult intravenous method of administering arsphenamine was not a necessary one; indeed, the important fact was that the remedy should be introduced into the tissue fluids the presence of which was vital for successful treatment. Hence, it was found possible to administer the remedy by the rectal route, with curative results. Needless to say, this simplified method of employing the potent antisyphilitic arsphenamine increases its practical usefulness by making it available to the many general practitioners who hesitate to give intravenous injections.

Regarding the rectal use of "salvarsan," the Anglo-French Drug Co., Ltd., 1270 Broadway, New York City, has issued some interesting literature. This firm offers "Supsalvs," that is, stable suppositories of "606," of French manu-

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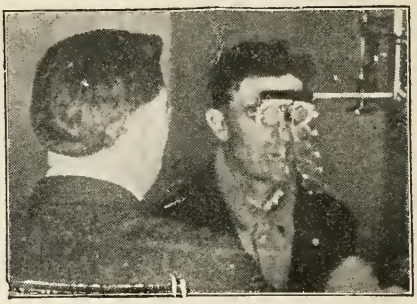

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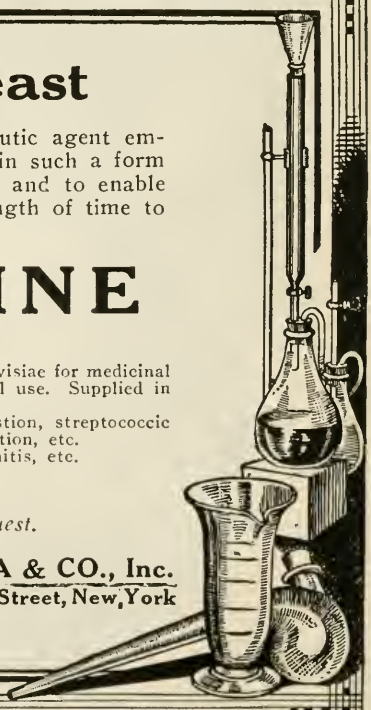

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facture, which, in combination with mercurial inunctions, have proved of marked effect in the treatment of lues venerea.

Goitre is one of those diseases which ought to be recognized early, since in its later phases it is often unresponsive to treatment. Ordinarily, the disease is one of two types; parenchymatous; or adenomatous. The two are indiscriminately called simple goitre, thus to distinguish them from the less common and far more serious variety of thyroid dysfunction known as exophthalmic goitre. However, there are mild cases of the latter that may be treated medicinally with hopes of cure, especially if taken in hand early.

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The Coolidge X-Ray Outfit can be operated directly from any lamp socket and requires no special wiring. The capacity of the outfit is 10 milliamperes at a 5-inch spark gap. It will do all radiographic work except gastro-intestinal.

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according to a score of recommendations, some of them very ludicrous. The fear is justified to an extent, of course; some drugs so depress the heart as to be really dangerous. Others are followed by headiness and such other unpleasant symptoms, at times lasting for days.

But we have such drugs as passiflora which are said to be quite safe, for inducing sleep and sedation. John B. Daniel, Atlanta, Ga., offers a preparation of this drug under the name of Pasadyne. Pharmaceutically, it is described as being a concentrated tincture. It is claimed to bring a quiet, restful sleep with no ill effects following. But this can be verified by trial in a few suitable cases, for which purpose samples will be sent to those willing to prepay the express charges.

So unresponsive to treatment in many cases is pyorrhea that it ought to be looked for and recognized early, with the view to checking it in its incipiency. The consequences of its depredation are dreadful enough to influence the prudent to take it early in hand under the supervision of his dentist. The disease can be prevented it is said by consistently good care of the mouth and teeth, and so maintaining a condition of absolute oral cleanliness, this by the use of an efficient dentrifrice. If so, results will probably depend upon one's choice of a dentifrice, certainly many in the market are not to be relied upon. How many doctors, when they are asked to recommend a dentifrice, as they often are, can do so with surety that the questioner will get what he or she ought to have?

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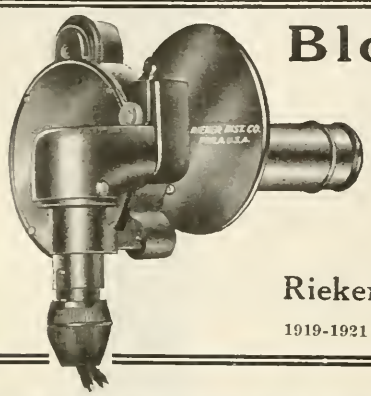

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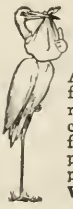

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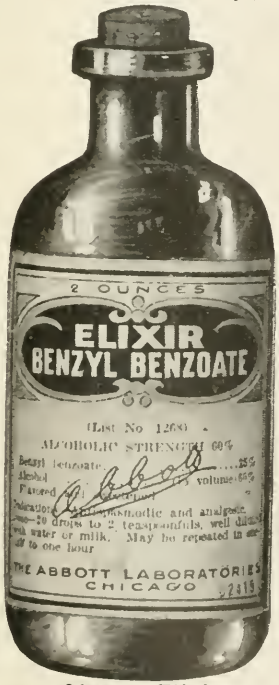

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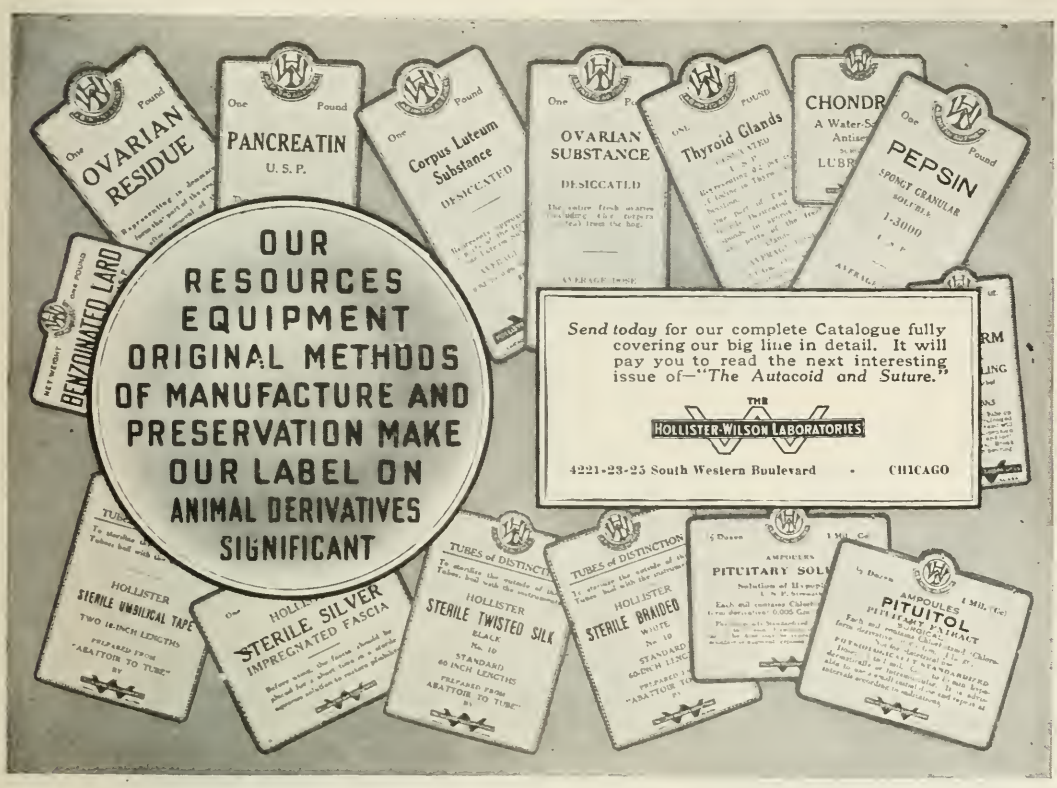
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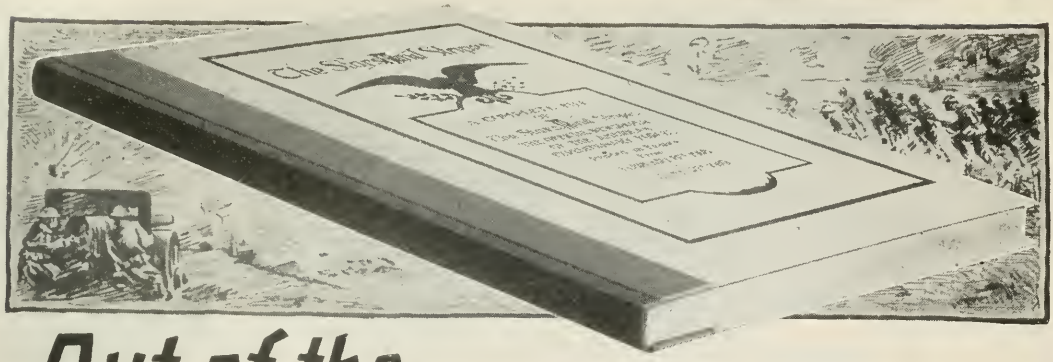

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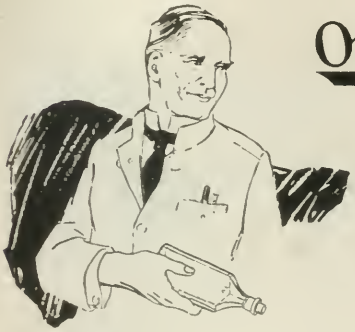

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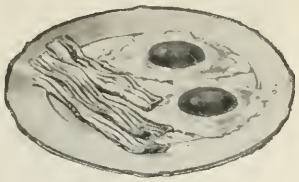

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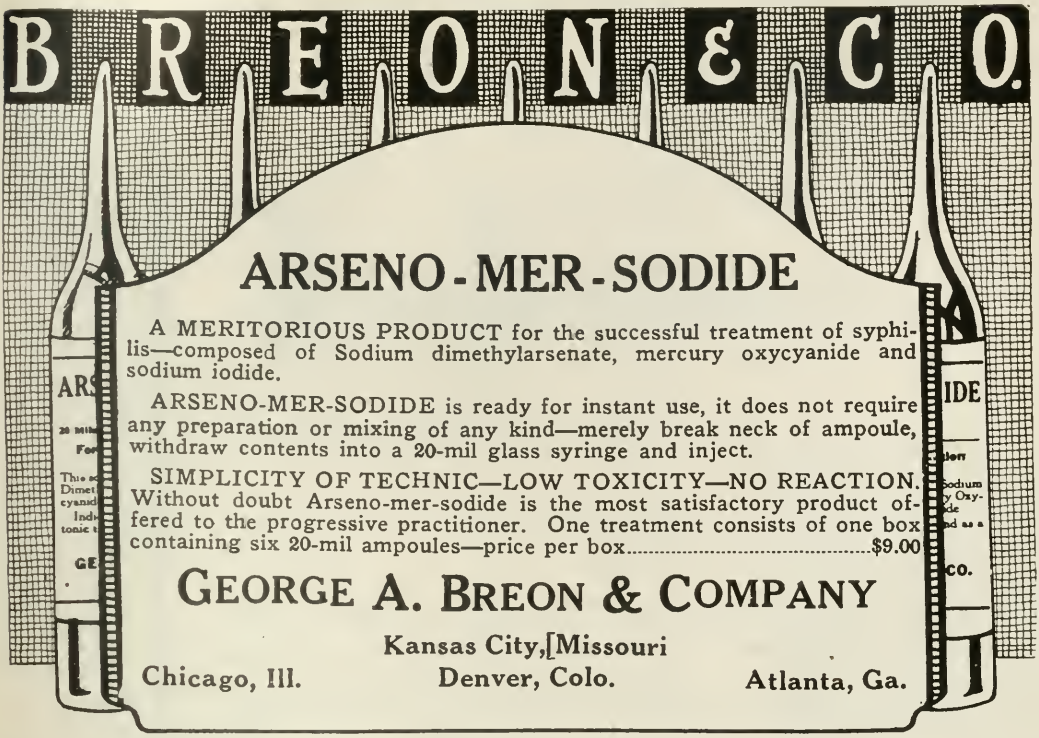
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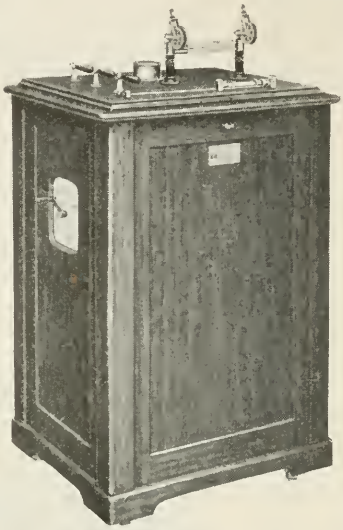

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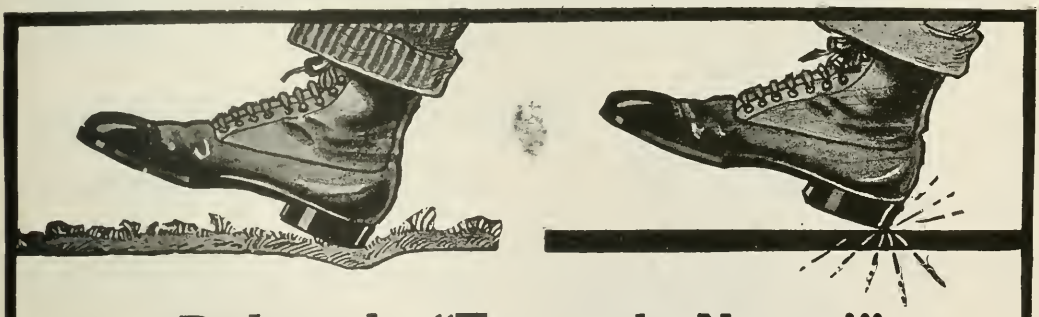

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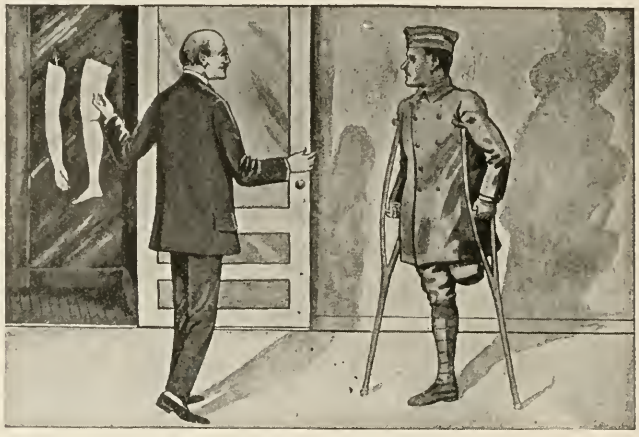

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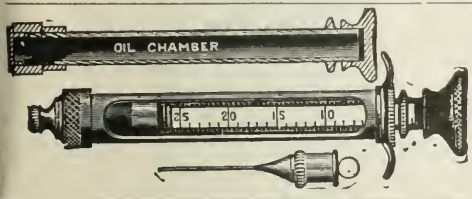

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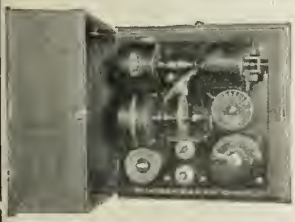

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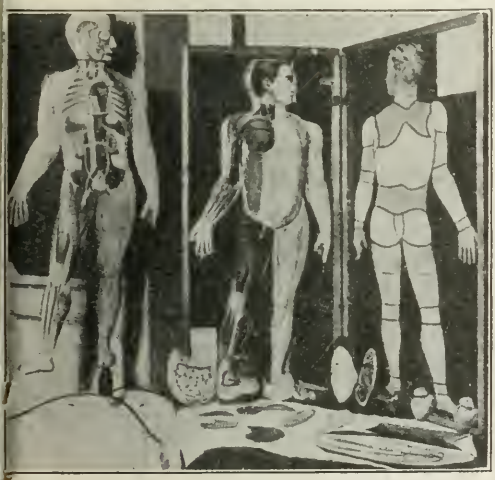

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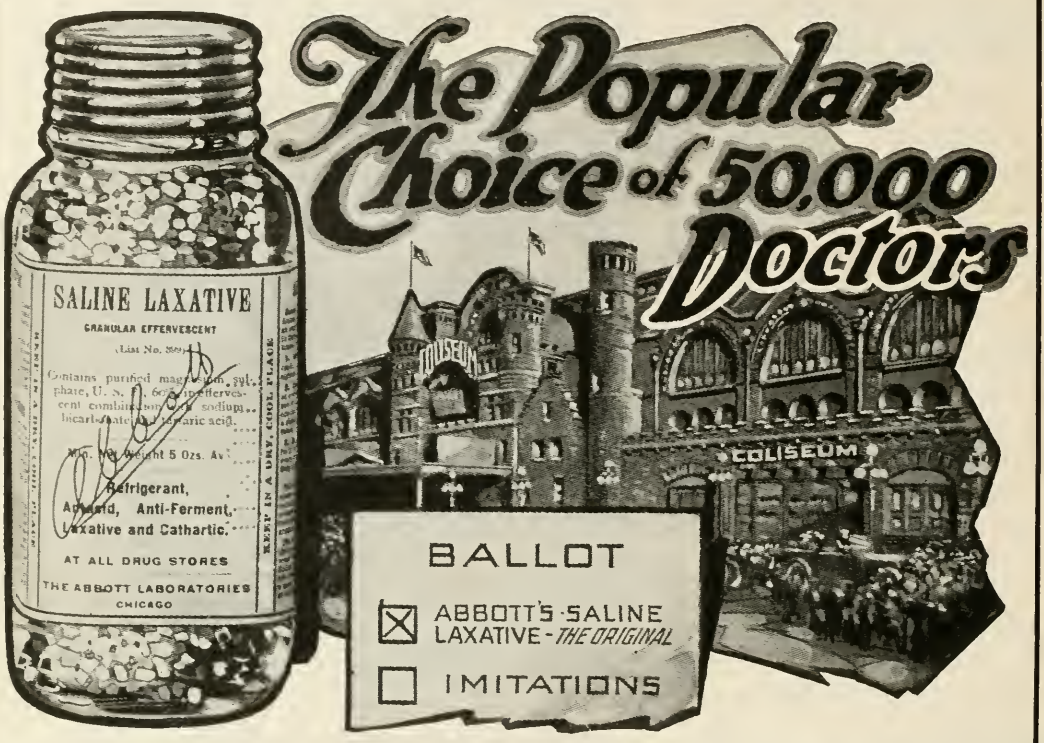

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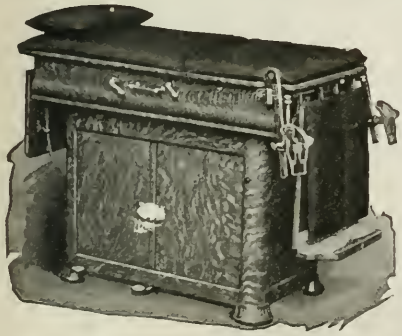

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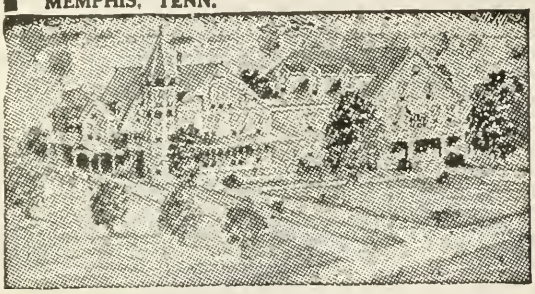

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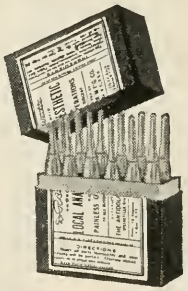

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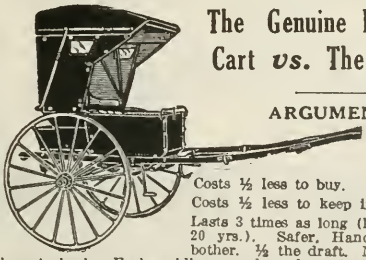

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